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ABSTRACT OF DISSERTATION

Chad Tyler Morris

The Graduate School
University of Kentucky

2009

ASSESSING FACTORS INFLUENCING PARTICIPATION AND DISSEMINATION
IN COMMUNITY-BASED PUBLIC HEALTH COALITIONS: AN EXPLORATION
OF SOCIAL CHANGE

ABSTRACT OF DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Arts and Sciences
at the University of Kentucky

By

Chad Tyler Morris

Upper Marlboro, Maryland

Director: Dr. John van Willigen, Professor of Anthropology

Lexington, Kentucky

2009

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ABSTRACT OF DISSERTATION

ASSESSING FACTORS INFLUENCING PARTICIPATION AND DISSEMINATION IN COMMUNITY-BASED PUBLIC HEALTH COALITIONS: AN EXPLORATION OF SOCIAL CHANGE

The community-based public health coalition has proliferated in public health practice since the 1970's as a favored means of achieving community participation in public health promotion. There is concern, however, that many contemporary coalitions are not particularly inclusive, and that population health indicators fail to demonstrate significant improvement in health outcomes resultant from coalition practice. This dissertation research was designed to critically examine participation and dissemination of coalition-derived ideas through ethnographic study of five community-based participatory public health coalitions in the United States. The research answers calls from public health scholars to improve upon the coalition theory base and to contribute a useful theory of dissemination of public health interventions. At the same time, the research contributes to anthropological calls for better understanding of mechanisms that discourage the participation of all stakeholders.

The research uses a theoretical model – Habermas' Theory of Communicative Action – that sees participation and dissemination as linked phenomena. The research was designed to contribute to an existing theory of coalition function, Butterfoss and Kegler's Community Coalition Action Theory. Qualitative evidence of communicative action was gathered through participant observation of coalition meetings and semi-structured interviews with a purposive sample of members of each study coalition. Data were compared across coalitions and across respondent categories to determine variation in diversity of coalition participation and forms of coalition-derived communicative action; as well as indicators associated with motivation for coalition participation, barriers to participation, and dissemination of ideas both in coalition meetings and to broader discourse communities outside the coalition.

The results of this applied research include the creation of a typology of diversity of coalition participation, improved understanding of differences in motivation for coalition participation between members in- and outside of the social services sector, the identification of collateral idea exchange as a key coalition outcome, and means of

overcoming barriers to participation and dissemination. In addition to representing contributions to theory within anthropology and public health, these results have been shared with leaders of each of the study coalitions.

KEYWORDS: Communicative Action, Public Health Coalition, Participation, Public Health Partnership, Health Promotion

Chad T. Morris

Student's Signature

05 May, 2009

Date

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ACKNOWLEDGMENTS

With sincere and enduring gratitude, I'd like to acknowledge the many people, named and unnamed, who have made this research possible. John van Willigen, Ph.D., has been a steadfast source of motivation, theory- and practice-rooted suggestions, and careful reflection as my dissertation advisor. As John retires from the classroom and my own career begins, I can only hope to emulate his patience, wisdom, and generosity of time and ideas in my own interaction with students and others. John's guidance and outlook have been immeasurably helpful, as has the insight of committee members Deb Crooks, Ph.D., Ron Hustedde, Ph.D., and Nancy Schoenberg, Ph.D., who greeted me with abundant kindness when I first considered pursuing research at Kentucky, and has been a treasured font of kindness and counsel ever since. Thanks also to F. Douglas Scutchfield, M.D., who gave generously of his time and insight as the outside reader for this dissertation.

This research would not have happened at all were it not for the time, support, and example provided by Carol Bryant, Ph.D. I recall with fondness our many discussions about careers, coalitions, and bridging the gap between anthropology and public health – conversations that laid a solid foundation for this work. My sincere thanks go to her and to each of the dedicated researchers I've come to respect and befriend as we've experienced coalition practice firsthand. A few of these individuals were interviewed for this research and deserve special thanks, as do each of my respondents, the members and leaders of the coalitions I studied, and the Kentucky Health Cabinet and Florida Prevention Research Center staff who worked to help me establish rapport and tirelessly answer my questions.

Thanks go also to those at George Mason University who have supported this research, and to those at the University of Memphis who prepared the path, including Linda Bennett, Ph.D., Ruthbeth Finerman, Ph.D., Ross Sackett, Ph.D., Satish Kedia, Ph.D., and Stan Hyland, Ph.D. Your support and encouragement have been a profound blessing.

I thank my parents, Wayne and Brenda Morris, for their love, support, and encouragement to never stop learning. Their influence, along with that of my grandparents and of my sister, has led me to see the value of family and community in all of my work. Finally, and with unending love and gratitude, I thank my wife, Emily Morris, J.D., for serving as a sounding board for the trials of research, providing support when I needed to work and escape when I needed to step away, and offering steadfast love and understanding. I can't imagine having done this work without you by my side.

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Prologue: Why this Research?

In the summer of 2002 I enjoyed the opportunity to serve as part of the small staff of a coalition focused on asthma prevention and treatment through the New York City Department of Health and Mental Hygiene's Health Research Training Program. That experience taught me lessons that remain at the center of this dissertation research. First, though the coalition's membership roster boasted an impressive 300+ members from diverse agencies and backgrounds, it was nonetheless clear to me that, despite a great deal of rhetoric about community collaboration, those who would be most affected by the group's efforts (primarily the city's high number of people with asthma, a disease whose prevalence is magnified among populations of lower socioeconomic status) were least represented on the coalition. Second, it was clear to me that most of the decisions made in this large coalition were made by a select few individuals who represented local agencies with the closest ties to the issue, a tendency that negated much of the value of the group's member base. In short, the coalition seemed unable to achieve active contribution from each of its members. Third, concerns about the coalition's efficacy and future funding tended to rely quite heavily on health outcomes measured quantitatively in terms of emergency room visits. It occurred to me that the value of the coalition was unlikely to be fully understood using this evaluative approach. Indeed, I witnessed examples of coalition influence that had nothing to do with coalition-derived interventions, as coalition members simply took the information they learned at coalition meetings back to their own communities and workplaces, where the information was used to improve local practice relative to asthma treatment and prevention.

These concerns – diversity of participation¹ within the coalition and the importance of disseminated ideas other than coalition-derived interventions – have become the foundation for this dissertation research focused on five community-based public health coalitions in Kentucky and Florida (the New York coalition is not included in this research). A second, longer-term experience with a community-based public health coalition in Kentucky (a coalition that is included in this research) gave me the opportunity to focus my concerns about participation and dissemination in coalitions,

¹ Throughout this dissertation, I'm using the term "participation" to encompass two activities crucial to coalition efficacy – presence and active contribution to coalition discourse. I've chosen not to use a similar term, "representation," since this could refer simply to presence without contribution to coalition discourse.

leading to my decision to use Jürgen Habermas' Communicative Action Theory to advance the most comprehensive work in coalition theory to date, Butterfoss and Kegler's Community Coalition Action Theory. I designed this research with a critical eye toward the effectiveness of the modern coalition model, but at the same time with the belief that inherent in the model is a means of collaboration far superior to continuing tendencies to create expert-driven top-down programs. This work is further inspired by contemporary anthropological critiques of tendencies of participatory programs to ignore marginalized voices, as well as by my observation of a long-time need in coalition practice for a unified and comprehensive theory of coalition structure, process, and influence.

Chapter One: Literature Review and Justification of the Research

“Top-down” community development approaches, wherein governing agencies seek to impose change on a community without community participation, have long been regarded as ineffective, both because of their tendency to foster resident dependency on service agencies (Kingsley, McNeely, and Gibson 1997; Liebow 1995; Green and Haines 2002), and because of their tendency to ignore segments of the population, resulting in marginalization and structural violence (Lundy 1999; Evans, *et al.* 2001). In short, expert-driven public health has long failed to effectively improve health conditions, particularly among marginalized communities. Further, it has been suggested that the resources spent on the majority of development initiatives from the Progressive era to the present, including those aimed at improving community health, far outweigh the number of individuals positively affected (Halpern 1995). These resources are significant – one estimate states that \$2.3 Trillion, or \$7600 per person, was spent in health care in the United States in 2007, projecting that health care expenditures will surpass 20% of the U.S. gross domestic product by 2016 (Poisal, *et al.* 2007).

In an effort to improve public health outcomes while maximizing the effectiveness of health care expenditures, community participation has become a focus of endeavors to improve conditions of human life. This community focus in public health has been guided by research in several disciplines, all of which posit that effective community change can only be accomplished given community-level participation in the resolution of a given problem. This idea, of course, is far from new, particularly within anthropology. Benjamin Paul’s *Health, Culture and Community* emphasized the importance of community voices in the development of public health programs in 1955, while Goodenough’s *Cooperation in Change* (1963) trained would-be community developers to place local beliefs at the center of development efforts. It is now commonplace to see anthropologists advocating the importance of community voices in social change endeavors, e.g. Sanjek’s consideration of racialized voices in New York City community activism (1998) and even Farmer’s advocacy of a liberation theology-based “preferential option for the poor” in addressing global health disparities (2003). Similar regard for community-driven social change is evidenced in Freire’s *Pedagogy of the Oppressed* in education (1970); Kretzmann and McKnight’s *Building Communities*

from the Inside Out in community development (1993), and Minkler and Wallerstein's *Improving Health through Community Organization and Community Building* (1990) in public health.

Supported by these multi-disciplinary findings, contemporary public health has increasingly advocated a participatory model wherein stakeholders outside of the public health profession become involved to varying degrees in the planning and implementation of programs designed to improve community health outcomes. The "coalition" has emerged as a favored means of achieving community participation in program planning and implementation, but many questions remain about the effectiveness of this model in terms of both participation (does the coalition accurately represent the community it purports to serve?) and dissemination (is the coalition creating positive, sustainable change in the community?). While coalitions have been recognized in public health since the 1970's, theories of coalition structure, process, and influence have been slow to arrive. This dissertation research has been designed to improve the theoretical and practical knowledge base surrounding participation and dissemination through ethnographic study of five community-based participatory public health coalitions in the United States. The research answers MacLennan's (1995) call for anthropological involvement in studies of the nature of participation itself while adding to existing anthropological efforts to address challenges inherent in increasing resident participation in attempts to create social change (Hyland 2005; Wolfe 1988; Liebow and Wolfe 1993). Further, in seeking to enhance the involvement of entire communities in efforts to create social change, the research is aligned with the American Anthropological Association's Panel on Disorders of Industrial Societies, which calls for an "engaged anthropology" to commit itself to the values of cultural pluralism and democratic participation (Forman 1995).

Defining the Community-Based Participatory Public Health Coalition

An anthropological study of participation and dissemination in contemporary public health coalitions should begin by defining the coalition itself. "Coalitions" (also referred to variously as "partnerships" or "alliances" in the literature) have become a prominent means of effecting social change in public health outcomes over the past two decades. Due largely to this prominence, the term has become difficult to define. Public

health coalitions are most frequently defined in the literature using a definition created by Feighery and Rogers in 1990: “an organization of individuals representing diverse organizations, factions or constituencies who agree to work together in order to achieve a common goal” (1). Additional criteria of use in defining the coalitions in this research are defined by Wolff (2001a):

the coalition is composed of community members; it focuses mainly on local issues rather than national issues; it addresses community needs, building on community assets; it helps resolve community problems through collaboration; it is community-wide and has representatives from multiple sectors; it works on multiple issues; it is citizen influenced if not necessarily citizen driven; and it is a long term, not *ad hoc*, coalition. (166)

Coalitions of this type exist with many foci, and have been used in HIV prevention (Schensul 1999), immunization (Morrow *et al.* 1998), lead poisoning (Kass and Freudenberg 1997), substance abuse (Fawcett *et al.* 1997), asthma control (Butterfoss *et al.* 2005, Davis *et al.* 2003) and fitness and nutrition promotion (Meister and Guernsey de Zapien 2005), among other public health topics. The coalitions I study in this research are community-based, meaning that they purport to represent and desire to create change in a city, county, or group of counties, as opposed to a state or nation. Further, though coalitions and partnerships are presently utilized in many disciplines outside of public health, the coalitions described in this research exist with the explicit purpose of improving community health.

Despite attempts in the coalition literature to define community-based participatory public health coalitions, it is notable that there is a large amount of variation in this particular coalition type. For instance, coalitions vary in size, inclusiveness, and formation source, as well as in planned duration (Feighery and Rogers 1990; Mizrahi and Rosenthal 2001). These variations in coalition form and function have been poorly described in the existing coalition literature (and are considered in this research), though they all emerge from a common history in public health programming.

In addition to sharing a common history, coalitions also share a requirement for significant organizational time and resources. The funds to support such efforts typically

come from grants administered by public agencies and private foundations alike.² Common granting agencies for public health coalitions include the U.S. Centers for Disease Control and Prevention (CDC), various branches of the National Institutes of Health, the Kellogg Foundation, and the Robert Wood Johnson Foundation, among others (Millet 1997, National Cancer Institute 2002, Butterfoss 2007). These monies are often channeled to the coalition through a specific agency such as a health department as part of a larger health promotion grant requiring a participatory component, with the ultimate goal of disseminating specific programs, messages, or policy actions into communities (Green 2003, Millet 1997). The awarding of grants requiring community participation is in accordance with the development and continuation of public health policy statements that call for participatory, community-based research. The CDC Prevention Research Centers' "Policy Statement for Core Research Projects" is one such statement, focusing on the creation of "intervention or dissemination research projects that address mutual goals of the community, academic, and practice partners" (2006:n. pag.) designed in cooperation with community-based advisory boards. Two of the coalitions studied in this research are funded in part via this specific mechanism, while three others are funded through a similar CDC program, in addition to funding acquired from the Kellogg Foundation once the CDC funding had been obtained.

In summary, the coalitions detailed in this research are all community-based (meaning that they serve a local or regional population, as opposed to statewide or national coalitions; and that they claim to be open to all members of the community/region they serve) and participatory (meaning that coalition members are purportedly seen as equal partners in the social change process). In addition, each of the study coalitions was formed with the assistance of grant funding. This distinction is crucial, as it represents a departure from the coalition model's grassroots genesis. The five study coalitions are not grassroots in nature, but instead developed in accordance with the requirements of funding agencies. This "grant-inspired" coalition is entirely common in contemporary public health. The grassroots coalition is not. Further uniting

² Some coalitions operate without grant assistance, typically with support from coalition member agencies. Most coalitions, however, are grant-supported, including those examined in this research. Indeed, grants themselves are generally the impetus for coalition formation (as opposed to coalition formation serving as the impetus for grant-seeking).

the five coalitions in this study is the fact that each has a broad health-based goal in mind – either obesity prevention or substance abuse prevention (as opposed to a more specific goal such as removal of vending machines from elementary schools or passage of a local smoking ordinance) – and each is similar in size and purported openness of membership. These similarities are important in establishing a comparative study of participation and dissemination in this common coalition type so that a theory of coalition structure, process, and influence can be advanced.

History of Community-Based Participatory Public Health Coalitions

Broadly speaking, the coalition was devised as a means of improving democratic engagement, as grassroots actors who were frustrated with a certain situation worked together to address the issue. In this manner it can be argued that, in fact, coalitions have been agents of social change throughout human history. The formalization of the coalition concept for public health, however, was more recently adopted, having gained popularity in the United States in the late 1980's, and can include either frustrated grassroots actors, professionals from a variety of agencies and sectors, or, ideally, both. What follows is a detailed history of the rise of the coalition model in public health, a history which traces its lineage to social movements in the late-1800's.

The Charity Organization Society Movement: A Foundation for Community Action

While Alexis de Tocqueville's views on democratic inclusion are often cited as an indirect impetus for the rise of the coalition model (Butterfoss 2007), McMillen (1945) notes that social policy support for organized collaboration began with London's Charity Organization Society movement in 1869, over three decades after the first publication of de Tocqueville's *Democracy in America* (cited in Chavis 2001). At the time, the Society was unique amongst social services efforts in that it represented community-level organization to confront poverty, valuing community-driven change over state-administered benefits (Bosanquet 1914). The Society's members, however, came almost exclusively from wealthier classes, and tended to be ignored by London's impoverished, who saw the Society's "help" as more akin to meddling and marginalization (Humphreys 2001). Nonetheless, the Charity Organization Society (COS) movement became popular far outside of London, having been transferred to cities worldwide, including the United States, where conditions after the 1893-4 depression were ripe for this new movement.

COS's were established in New York City, Chicago, and Buffalo, among other cities, each of which espoused the view that poverty was a result of individual behavior, e.g. laziness or lack of thrift (Halpern 1995).

Despite the perils of victim-blaming evident to modern development scholars, the COS movement did establish a foundation in the United States for the inclusion of community voices in social services efforts. The Progressive Movement built upon this foundation through the first two decades of the 1900's while broadening its area of concern beyond the behavior of the poor, as progressives cast their gaze upon the role of industry and capitalism in promoting poverty. Importantly, much of the Progressive Movement was driven by a stated desire to take local governance away from the control of wealthy industrialists, placing it back in the hands of citizens as described, if not idealized, by Tocqueville.

Return to Government Control: Effects of the Great Depression

World War One, combined with the failure of Progressives to successfully eradicate poverty, led to a movement in the 1920's United States away from community-organized reforms in favor of reliance on the expertise of specialists such as social workers to address social problems with "casework". Initially, large-scale unemployment caused by the Great Depression averted national attention further away from community-driven social service initiatives (Halpern 1995).

As the United States sought to emerge from the Great Depression via the Roosevelt administration's New Deal, the Social Security Act of 1935 and the Housing Act of 1937 set the tone for how social services would be provided for decades to come. Specifically, the Social Security Act separated unemployment and retirement from poverty via a two-tiered system that dictated a heavy federal hand in the administration and control of social services. Further, the Housing Act established federal support for public housing, having the immediate effect of promoting slum clearance (to the detriment of residents, according to advocates for the poor) and providing jobs for private construction companies in communities across the country. At the same time, federal housing projects solidified geographic class divisions in U.S. cities (O'Connor 1999).

Though the success of the New Deal in terms of poverty alleviation was decidedly mixed, New Deal policies certainly established how federal aid would be provided to

promote social welfare in communities to this day. Additionally, the New Deal ushered in an era of large-scale government interventions to address poverty and poor health that would continue to develop through the 1960's (e.g. Community Mental Health Centers, Head Start, the Neighborhood Youth Corps, and the Community Action Program), some of which continue today. Though community-driven efforts to address social problems didn't fully disappear during this time (Saul Alinsky's Back of the Yards Neighborhood Council and other work by members of the Chicago school of sociological thought being perhaps the most notable examples), it wouldn't be until the late 1970's that the pendulum of public and academic opinion would begin to swing back again to favor decreased federal oversight and increased local decision-making ability in provision of social services (Halpern 1995).

Blueprint for the Coalition Model: The North Karelia Project

Meanwhile, the early 1970's saw the emergence of a model similar in form to the modern public health coalition in Finland, where community-based decision-making has historically been a point of pride for local residents. Altman (1995) cites an early 1970's Finland study, the North Karelia Project, as the beginning of attempts in public health to use community input to improve chronic disease outcomes. The North Karelia Project is commonly seen as a predecessor to the contemporary coalition, notable in terms of its local success in promoting positive health outcomes, its promotion of public health reforms throughout Finland, and its active continuation to this day.

Owing to increased wealth and a transition to more sedentary occupations following World War Two, rates of cardiovascular disease in Finland rose rapidly. By the 1960's, Finland's rate of deaths from coronary heart disease was the highest in the world, with the highest mortality rates occurring in eastern Finland generally, and North Karelia, a remote Eastern Finland province with 180,000 inhabitants at the time, in particular (Puska 2008, McAlister *et al.* 1982). Residents of North Karelia grew increasingly concerned about this new epidemic of heart disease, prompting provincial representatives to create and sign a petition to national authorities seeking help in quelling the epidemic (McAlister *et al.* 1982). The petition was signed in January of 1971, and was hand delivered by a North Karelia delegation of elected officials to Helsinki, where copies of the petition were given to government officials and public health decision-makers (Puska

2007). Government officials coordinated with local and national public health experts, as well as with the World Health Organization (WHO), to design the North Karelia Project, which was implemented in 1972 for an initial five year period at a final cost of just under \$1 million (US) (McAlister *et al.* 1982).

In addition to its origin at the behest of a localized petition, the North Karelia Project was unique at the time in that Project managers saw cardiovascular health risk factors as deeply rooted in local communities, and thus acted on the belief that intervention would best be delivered through existing community structures:

One of the central ideas, and probably the most important concept, of the Project in North Karelia was to involve the whole community in a broad effort to prevent cardiovascular cases. . . . Special efforts were made to create general support within the community, based upon the well known sociological phenomenon of natural leadership in social networks of the community. (McAlister, *et al.* 1982:46)

As a result, the Project placed emphasis on the importance of community groups in spreading information about cardiovascular disease risk avoidance (Puska 2007). For instance, Project managers encouraged community groups and organizations to distribute leaflets, signs, stickers, and other promotional materials to local citizens and to organize local health education meetings (251 total meetings were held in the first five years of the project, attended by over 20,000 individuals). Further, Project staff interviewed shopkeepers and other community leaders to obtain a list of influential community members. These individuals, dubbed “lay leaders”, were invited to attend training sessions about cardiovascular disease prevention and treatment, then encouraged to share this information with citizens, while themselves serving as role models for good cardiovascular health. Over 1000 lay leaders emerged from this portion of the Project. At the five year mark, rates of drug treatment for hypertension; knowledge about cardiovascular disease; consumption of high-fat milk; and risk estimates for smoking, cholesterol, and blood pressure had all markedly improved (McAlister, *et al.* 1982).

Impressively, the project has continued over the decades since its inception, and is credited with creating change that has affected not only the community, but all of Finland. Community organizations have continued to work alongside public health officials to design and implement media campaigns and school programs, as well as to

lobby for policy change concerning agriculture and the food industry. Rates of cardiovascular disease have continued to decline, both in North Karelia as well as throughout Finland (Puska 2002). The success of the North Karelia Project resulted in attempts to replicate the Program throughout Finland, then throughout Europe (e.g. through the WHO Comprehensive Cardiovascular Control Programmes, then via a revised program, CINDI) and globally (e.g. the Pan American Health Organization's Combined Actions for Multi-factorial Reduction of Non-Communicable Diseases, or CARMEN, program, established in 1995) (Puska 2002).

Adoption of Community-Based Health Promotion in the United States

Of course, the North Karelia Project did not go unnoticed by health officials in the United States, who by the late 1970's were joining much of the nation in making their own nod to Scandinavian political tendencies through trends to minimize federal oversight in the social services sector. The initial pertinent outcome of this trend was the National Heart, Lung, and Blood Institute's (NHLBI) funding of the Stanford Three Communities Study, a three-year study in the mid-1970's that established the role of media-based public health campaigns in promoting health-based behavioral change. Based on the success of this study, NHLBI awarded a set of three much larger grants (dubbed "community demonstration projects", and designed to be supported for up to twenty years) to fund and measure the effects of full-fledged public cardiovascular health education campaigns (Breitrose 2007, Butterfoss 2007). The three funded projects became the Stanford Five City Project, the Minnesota Heart Health Program, and the Pawtucket Heart Health Program. Each of these programs utilized community advisory boards to develop and introduce interventions aimed at reducing local rates of cardiovascular disease (Butterfoss 2007, Blackburn 1983).

Another outcome of the American trend away from federal oversight of social services got its start with the 1976 Health Information and Promotion Act, which led to the creation of the federal Health Education-Risk Reduction (HERR) Grants program in 1979. This program, though initially administered at the federal level (the U.S. Centers for Disease Control and Prevention – CDC – was the agency most directly responsible for program oversight), provided five years of economic support to persuade state health agencies to develop better organized and planned community-based interventions, thus

making use of information on health promotion emergent from projects such as North Karelia and Stanford Three Communities, as well as ongoing findings from the three community demonstration projects. The advent of the Reagan administration at the HERR program's midpoint, specifically the corresponding federal transition to block grants under state management, created initial and severe fiscal hardships for the HERR program and minimized the CDC's supportive role (Kreuter 1992).

Despite these difficulties, the HERR program, combined with the transition away from federal control of the social services sector,³ created a strong foundation for the emergence of the contemporary public health coalition. Though some HERR-inspired initiatives failed to prosper, others thrived, providing sufficient evidence of the importance of community-building and community-driven interventions in public health promotion. As a result, in 1983 the CDC developed a cooperative technical assistance program designed to enable local and state health agencies deliver organized and effective health promotion interventions. The program, known as Planned Approach to Community Health (PATCH), emphasized community participation and local ownership in the development of interventions, and is derived from literatures on health promotion and community development. A major goal of the PATCH program was, in accordance with the community development scholarship of the era, the provision of increased community-based problem solving capacity (Kreuter 1992).⁴ The program sought to create this capacity at three "vertical" levels -- federal, state, and local -- by expanding opportunities for collaboration "horizontally" at each level. The program provided grants, administered by the CDC, to local communities, who were required to use the money awarded for health promotion by conducting local research, building local "horizontal" collaborative networks (including additional funding and in-kind support), and creating

³ The existing social service system, with its dependency on specific federal funding streams, had become seen by key decision-makers as too cumbersome to meet community needs, as one individual in need of assistance would be forced to negotiate multiple agencies, multiple bureaucracies, and often multiple responses to basic questions. In addition, these agencies were doing a particularly poor job of communicating with one another, resulting in duplication of efforts and detachment from the community. Community-level planning came to be seen as a means of fostering interagency cooperation while improving the efficacy of programs (Wolff 2001a, Spoth and Greenberg 2005).

⁴ Such a focus would gain further popularity through the mid-1990's, in an era of mounting concern about waning levels of civic engagement, as local schools, churches, political groups, etc. sought a means of connecting with more of the local population. Groups under the PATCH program, and ultimately contemporary coalitions, came to symbolize "settings where constituents could regain ownership over their local institutions and communities" (Wolff 2001a:171; Putnam 1995).

appropriate health promotion interventions (Kreuter 1992). The PATCH program became widely used by the late 1980's and into the early 1990's (Butterfoss 2007). The program won accolades for measured improvement in local health outcomes, in addition to being viewed as a wise investment of federal dollars. Each federal dollar devoted to PATCH in 1987 resulted in an estimated nine additional dollars generated for program implementation by local communities (Kreuter 1992). This distinction is important in the rise of the public health coalition, as coalitions came to represent a clear adaptation to "government strategy to urge communities to do more with less" (Wolff 2001a:170). Butterfoss points out that although the community groups created using the PATCH model were "not technically coalitions, they employed some of the same processes and strategies that coalitions currently use" (2007:16). Namely, PATCH programs were seen as community-focused in the spirit of the North Karelia Project (which was specifically cited in program design), but with a list of specific requirements for program structure and evaluation. Unlike coalitions, individual PATCH programs were seen as part of a larger organizational framework that would ultimately provide timely monitoring of national health needs, as well as impetus for policy change (Kreuter 1992).

Grassroots Community Anti-Drug Campaigns and Formal Coalition Funding

The creation of the PATCH program provided federal-level assurance of the efficacy of community-focused health promotion. As is often the case in public health, where the CDC leads, many private funding agencies follow, providing funding to alleviate current social problems. In the late 1980's, one such problem led to the full emergence of the contemporary coalition model – drug abuse. A sudden elevation in crack-cocaine use in the late 1980's was evidenced throughout America, and led concerned members of individual communities throughout the country to form groups focused on combating substance abuse – a grassroots origin quite similar to the genesis of the North Karelia Project. These groups, typically organized by political, business, or public health leaders, began to share strategies with one another. One of the earliest of these groups formed in Miami, Florida, led by University of Miami President Edward Foote, who saw frustration with the slow pace of the federal policymaking process as instrumental in the group's formation:

We realized that solutions wouldn't come from Washington. We needed to develop a long-term, comprehensive response that involved the entire community. We knew we couldn't wait and hope someone else would do it for us. We had to take ownership of the problem. (Drug Strategies 2001:n. pag.)

November 1990 brought the first formal meeting of representatives of these community groups, now referred to as "coalitions," in Washington, D.C. A total of 450 people, representing 172 cities, attended (Drug Strategies 2001).

Also in 1990, the U.S. Department of Health and Human Services' Center for Substance Abuse Prevention established the Community Partnership Demonstration Grant Program, which awarded over \$450 million to 251 community substance abuse prevention coalitions (called "partnerships" under this program) throughout the U.S. and Puerto Rico. In 1992, with support from the President's Drug Advisory Council, the Community Anti-Drug Coalitions of America (CADCA) was formed (Drug Strategies 2001). This organization continues to provide technical assistance, a resource for idea sharing, and a centralized lobbying arm to over 5000 community coalitions (CADCA 2008). Importantly, the organization and federal support of coalitions persuaded private funding agencies such as the John S. and James K. Knight Foundation and the Robert Wood Johnson Foundation to provide hundreds of millions of dollars in support of coalition formation and implementation of coalition-derived interventions, continuing to date (Drug Strategies 2001).

The period between the early 1990's and the present day has seen exponential growth in the number of coalitions addressing public health topics nationwide, as well as globally. By the mid-1990's, substance abuse coalitions had been joined by coalitions promoting immunization, oral health, teen pregnancy prevention, childhood injury prevention, HIV/AIDS prevention, health insurance provision, chronic disease prevention, and asthma prevention, in addition to coalitions addressing multiple topics. Coalitions in each of these topical areas have been substantially funded by private and/or public dollars. Acceptance of the coalition model is so strong today that public and private grants in the area of health promotion commonly require that would-be grantees demonstrate plans for community involvement in intervention planning and implementation, following examples set in North Karelia and continuing through the

PATCH and Community Partnership Demonstration Grant Programs, among many others to date (Wandersman, *et al.* 1997).

In summary, what began in the 1970's and 1980's as a series of novel, community-centered approaches to health promotion has today become the commonplace coalition. Today, any given community is likely to be home to multiple coalitions, whose areas of focus vary widely from health promotion to economic development to allaying traffic concerns. As a result, it is likely that a member of one coalition will be a member of one to several others. In this research, county extension agents were frequently counted among the ranks of coalition members. One extension agent, a member of one of the study coalitions which I called Delivering Active Lives,⁵ listed for me her active coalition involvement:

CM: You've mentioned you've been involved in other coalitions, other groups similar to coalitions. You mentioned the healthy communities group. Are there others?

*R: Oh gosh. Yes. There's a diabetes coalition, there is Kids Now, which is early childhood council ... There's a lot of them. I'm probably involved in about seven or eight.*⁶

In this research, 29 out of 30 interview respondents indicated having experience in coalitions other than a study coalition. While the existence of more and more coalitions certainly offers the opportunity for increased participation and improved dissemination of ideas and programs in a given community, there is evidence that coalitions do not always realize this promise.

Contemporary Barriers to Coalition Function: Areas of Investigation

“Popularity” of the coalition model as emergent from the North Karelia Project does not, of course, automatically translate into “efficacy,” as the North Karelia Project may not be readily transferrable to other cultural groups or political economies. After all, the local community has long been seen as the center of democratic decision making in Scandinavia; and the government of Finland in particular is likely to view localized

⁵ Throughout this document, pseudonyms are used to describe each of the five coalitions: Action for Youth, Bridges to Health, Community Health Partners, Delivering Active Lives, and Energizing Fitness.

⁶ Throughout this document statements made by individuals interviewed for this research, as well as observations contained in my own fieldnotes, will be presented in this format. In most cases I have edited my own queries and responses out of the presented statements for the sake of brevity and clarity.

government as most appropriate for knowing, and thus most effectively meeting, the needs of its citizenry (Burau and Kröger 2004). Finnish populations also tend to be more trusting of government-sponsored messages than North Americans, while Finland's socialized medical system leads citizens to more readily accept messages promoting prevention efforts as meaningful investments in local health (McAlister, *et al.* 1982). A recent meta-analysis of articles referencing the North Karelia Project as an impetus for community-based interventions targeting chronic disease led to the conclusion that leaders of many efforts at replicating the North Karelia Project fail to recognize the unique social, geographical, and temporal context of the Project, thus potentially undermining the success of their own attempted public health interventions (McLaren, *et al.* 2007). Put another way, if the coalition model is to be successful, coalition-builders must base their coalitions on local realities, as opposed to wholesale adoption of strategies used by a successful coalition elsewhere. This reality introduces as many variables to coalition function as there are coalitions, making the act of creating a successful coalition quite challenging indeed.

As public health models, coalitions have been heavily evaluated over their few decades of existence (Israel, *et al.* 1998; Lasker, *et al.* 2001). These evaluations have revealed a set of challenges shared in common by all coalitions, including difficulties experienced in recruiting and retaining members, as well as the sometimes disruptive political dynamics of individual and organizational relationships. First of all, the simple fact that coalition membership (and even leadership in many cases) is voluntary means that coalition participation enacts a certain cost on participating individuals and agencies in terms of time and, in some cases, financial resources. This cost must be overcome by benefits if coalition membership is to remain viable – a reality that many coalitions struggle with as they seek to recruit and retain members (Veazie *et al.* 2001, Schensul 1999, El Ansari and Phillips 2004, Butterfoss 2007). Quantitative methodologies have been used to determine that perceived benefits of coalition membership need to be 60-80% higher than perceived costs for an individual to believe that they are indeed benefiting from coalition membership (El Ansari and Phillips 2004). Many coalition members have become wary of coalitions as meetings “for the sake of meetings”, with a great deal of discussion and very little action (Green 2000). In this research, Kim, a

member of Community Health Partners, despite her status as one of the most active members of the group, cautioned that a decrease in coalition momentum would result in diminished participation in the group:

I'm a person who hates to meet to meet. And so if I feel like it's got to a point where we're just meeting to meet and kind of, you know, have an appearance of a coalition, then I'll probably withdraw my involvement.

Coalition members join and participate in coalitions with specific expectations in mind. For instance, in a summary of conflicting interests between two specific groups of would-be coalition members, university-based researchers and community social services agencies, in partnerships created by the University of California San Francisco Center for AIDS Prevention Studies, Schensul (1999) found that university-based researchers were “tugged by the constraints of committees, students, tenure requirements, departmental politics, negotiations with research funders, and the time required for publication,” while community agencies “face the demands of direct service, boards and other local policy makers, local funders who question the relevance of involvement in research and competition, local factionalism, and jealousy directed at them from other agencies that may feel excluded” (274). Representatives of these agencies would prefer that coalitions help them achieve these different occupational demands, while representatives of the for-profit sector would have still-different expectations of coalition membership, as would representatives of community groups such as churches or neighborhood organizations. Understanding these expectations and how they vary from member to member represents an important contribution to coalition theory. This research is designed in part to improve understanding of coalition member expectations regarding their participation in coalition discourse. *What do coalition members expect to gain when they join a coalition? What are reasons why coalition members may choose to leave a coalition? What are means coalition leaders can employ to ensure that expectations are met?*⁷

Kim’s concern about the importance of coalition accomplishments is magnified by another challenge facing contemporary coalitions, the recruitment of members representing diverse agencies and constituencies within a given community. There is, of course, a large amount of research supporting the importance of diversity of participation

⁷ The questions in italicized type represent areas of investigation for this research. They will be reframed using Habermas’ Theory of Communicative Action and presented at the end of this chapter.

within coalitions. Within anthropology,⁸ Jean J. Schensul (1999) asserts that participatory endeavors such as coalitions improve community capacity for intervention, evaluation, and research, as they facilitate inclusion of multiple stakeholder perspectives. The inclusion of multiple perspectives, according to Schensul, leads to demonstration of commonalities and reduction of conflict. Coalitions are also seen as capable of providing the opportunity for leaders of grassroots and marginalized groups to develop relationships with leaders of more powerful institutions, so long as both parties are open to the exchange of ideas (Chavis 2001). These relationships can foster the development of new networks across coalitions and communities. This claim is upheld in anthropological research viewing full community participation as essential to the creation of a sustainable cervical cancer detection program among the Yakima of eastern Washington State, defining community partnership as “broad involvement and collaboration with the community during the community organization process and beyond” (Chrisman, *et al.* 1999:140). The creation of this partnership was seen as a means of both creating community capacity for improving cervical cancer rates and, perhaps more importantly, improving the chances of successful future collaborations. Long-time coalition researcher Thomas Wolff (2001b) summarizes the case for diversity of participation in coalition membership by noting that the chief promise of the coalition is its potential for fostering equal participation of all stakeholders in a given community, thus enabling dissemination of new viewpoints, ideas, and programs, improving the chances of positive, sustainable change in community health outcomes.

⁸ Importantly in the context of this research, while undoubtedly many anthropologists working in the public health arena have been members of coalitions, there is scant anthropological literature on coalitions themselves. This is a noteworthy omission, as coalitions have come to be not only seen, but encouraged, as mechanisms of social change in many communities. The anthropological references that follow refer to collaborative programs in primary health care. While the impetus for these programs is the same (a more diverse group of stakeholders results in improved program outcomes and decreased marginalization), anticipated program outcomes differ. Primary health care programs seek to provide medical care to traditionally underserved segments of a population, whereas the coalitions discussed in this research promote health-related behavioral change without providing primary care (e.g. a coalition may encourage community members to see a physician regularly, but does not provide the physician). Coalitions, as a result of their stated goal of creating community-wide behavior change, are more heavily reliant on diverse community voices to achieve success.

Disparate Viewpoints on “Community” and “Participation:” Barriers to Inclusion of Marginalized Groups

Unfortunately, the promise of equal participation has proven difficult to achieve in practice. Despite participatory rhetoric, the membership rosters of many coalitions are far from representative of the diversity of stakeholder groups in the communities that the coalitions purport to represent. In particular, some coalitions appear to be largely or wholly devoid of representatives of the marginalized groups that tend to suffer disproportionately from the afflictions that the coalitions seek to alleviate. Nonetheless, coalitions continue to be viewed as participatory endeavors. This is quite troubling, as it is likely that an ongoing rhetoric of participation in coalition practice has masked the failure of many coalitions to include marginalized groups. There is a clear need for identification and theoretical understanding of practices leading to the achievement of diverse participation in coalition discourse.

Several anthropologists and community development scholars have commented on difficulties inherent in achieving truly collaborative public health efforts. First of all, there is evidence that the concept of “participation” is interpreted in many different ways by coalition stakeholders. Participation has “no commonly accepted definition” as it is used in community development, including public health (Gaunt 1998:277). Lundy (1999), an anthropologist studying barriers to community participation in Jamaican environmental development projects, declares a research need for both a more complex understanding of impediments to participation as well as a critique of agency definitions of participation, many of which, she notes, “may be unintentionally reinforcing unequal social relations, as opposed to empowering or giving a voice to marginalised groups” (130).

Also hampering efforts at building a theory of coalition participation is the reality that the term “community” is subject to multiple definitions. Anthropologists and community development scholars have long recognized that communities are not static entities, but instead are constantly changing and consist of individuals who, at any given moment, share disparate views regarding community and individual felt needs (Abbott 1995; Breitenbach 1997). Anthropological research regarding this phenomenon has included critical analysis of the use of the term “community” by public health officials

conducting primary health care programs in Bolivia and Brazil (Wayland and Crowder 2002). The authors found that definitions of community and expectations regarding community involvement differ between public health officials, concluding that disparate definitions of community can lead to low rates of program acceptance, participation, and utilization, as certain populations tend to be excluded from consideration in program planning. Such a finding is important in the context of coalition research, as by definition coalitions seek to improve health outcomes in a “community,” however defined.

A tendency for coalitions to marginalize is perhaps most clearly seen in results gathered in Seattle by Koné, *et al.*, where community members were asked questions about how a partnership between the community and a local health agency might best function. Although no questions directly related to ethnicity were asked, “many respondents said that collaborative research projects, especially those in ethnic minority neighborhoods, are dominated by white people. Often these researchers do not relate to the communities they are working in” (2000:247). Failure to relate appears to be a systemic flaw in coalition practice that can only be repaired by the inclusion of diverse community stakeholders in coalition discourse. In order to determine ways of supporting increased diversity of representation in coalitions, it is important to add to our theoretical understanding of how existing coalition members define such concepts as “community” and “participation.” Do coalition members interpret these terms in vastly different ways – a reality that, as Wayland and Crowder suggest, can lead to exclusion of marginalized groups? This potential barrier to coalition function introduces another area of investigation for this research: *What are coalition member attitudes toward diversity of participation? Who, if anyone, do they think is missing from the coalition?*

Waiting for an Invitation: Grant Programs and Marginalization

Another reality contributing to the exclusion of marginalized groups from coalition membership is that the vast majority of contemporary coalitions are created by public health officials, as the popularity of community-based efforts at health promotion has led governmental and private agencies alike to adopt language requiring that applicants for health promotion grants demonstrate means of community involvement in planning and implementing funded programs. Despite participatory rhetoric, coalitions rarely reflect grassroots actors joined together to confront a particular public health

problem, as exhibited in North Karelia and in 1980's U.S. anti-drug coalitions. These "grant-inspired" coalitions are highly susceptible to using a top-down approach to recruitment, as representatives of other groups are at the mercy of the funded agency in terms of being invited to join the coalition. As a result, coalition membership rosters tend to overwhelmingly favor the social services sector, whose representatives secured the funding to start the coalition in the first place. Despite noble intentions, participation can be used as an instrument of hegemony, as revealed by Haidari and Wright (2001) in a study of development initiatives targeting Kahlor nomads in Iran. This occurs, according to the authors, when participation is seen as top-down "means" (people are brought into the initiative in the hopes that it will be more successful), as opposed to highly participatory "end" (when the community is able to control its own development) (Haidari and Wright 2001).

Coalitions may actually serve to limit the power of grassroots and marginalized groups as more powerful agencies compete for control of the coalition's agenda and resources (Chavis 2001). In fact, Chavis suggests the possibility that increases in funds available for coalition formation may have resulted in decreased funding for these same marginalized and grassroots groups. Of course, the reality that coalitions are started by grant recipients in the social services sector is unlikely to change. Coalition leaders and funders, though, do have the ability to decide the extent to which they will cede control of the coalition process to the community. The coalition knowledge-base should be expanded to include knowledge of processes of achieving coalition participation in light of the non-grassroots origin of the contemporary coalition. The resultant areas of investigation for this research: *Who is actually represented in coalition discourse? How did coalition members come to join the coalition? Are there differences in diversity of participation between coalitions?*

Different Priorities as Barriers to Inclusion

There is clear evidence that some coalitions suffer because leaders fail to cede control of the coalition process to the community by recruiting outside of existing networks. This failure can be implicit, e.g. the inclusion of representatives of marginalized groups simply doesn't occur to a coalition leader, as the leader's perception of "community participation" extends only to representatives of community agencies

other than her own; or explicit, e.g. a coalition leader who considers including members of marginalized groups, but decides against the idea out of fear that conflicting stakeholder opinions will hamper coalition progress. In truth, bridging the gap between understandings and expectations of coalition members from different backgrounds can be difficult. Anthropological investigations of organizational culture, while conducted largely in the for-profit sector, are pertinent in considering this problem. For instance, Trice (1993) has theorized labor and management within manufacturing settings as different subcultures, noting shared “occupational culture” as evidenced by the sharing of “occupation-based myths, ceremonies, symbols, languages and gestures, physical artifacts, sagas and legends, rituals, taboos, and rites” (21). Further, these individual occupational cultures demonstrate tendencies toward ethnocentrism, just as exhibited in other cultural groups, and may, when combined, compete for resources and/or collaborate to achieve mutual interests (Trice 1993; Baba 1995). It is clear that multiple occupational cultures have the potential to be represented in coalition discourse. This reality is made more complex by the observation that members of an organizational culture such as a manufacturing facility (or, I believe, a coalition) are simultaneously representing multiple subcultures at once (e.g. occupational subculture, ethnic group, social affiliation), and may in fact experience change in cultural affiliation over time (as in the case of a factory laborer transitioning to a managerial subculture, or a respondent leaving a coalition because of a change in job description) (Hamada 1995). As such, a meaningful anthropological investigation of coalition practice must seek to identify both subcultural groups and means of overcoming cultural barriers to inclusion, just as they are considered in the manufacturing setting under the purview of organizational/business anthropology.

Turning to the domain of health and development, anthropologists have revealed difficulties inherent in bridging a barrier between health educators (with their messages of self-control, autonomy, and individualism) and their clients (whose cultural, social, and economic constraints tend to trump educators’ messages), concluding that the health clinic studied, despite its mission of service to all, was implicit in reproducing race, class, and gender hierarchies (Miewald 1997). A similar study discusses the intersection of five systems (an urban neighborhood, a local university, a local school system, the nursing profession, and a federal granting agency) in a Chicago partnership designed to deliver

primary health care and educate nursing students. The authors found that, owing to the relative power of the university in the partnership (by virtue of its control over grant funding), the end result of the program saw university priorities being met (e.g. the education of nurses) and community priorities (e.g. delivery of primary care) unfulfilled (Thompson, *et al.* 1999).

“The paternalistic role of development professionals” (42) and “conflicting interest groups within end-beneficiary communities” (47) have been identified as key barriers to community participation in development projects (Botes and van Rensburg 2000). In other words, it seems likely that community members and “development professionals” (e.g. social services agencies) have different agendas when it comes to collaborative projects, and that these competing agendas have a tendency to drive grassroots and marginalized groups away from the table, or to keep them from being invited in the first place. Another barrier to diverse participation is that coalition membership is far from a priority for those who face daily concerns associated with poverty, such as adequate food, shelter, and treatment of illness, as revealed by Smith-Nonini, an anthropologist studying community participation-based primary health care delivery models in El Salvador (1997). When combined, these studies indicate clear difficulties to overcome if members of marginalized groups are to be meaningfully included in participatory endeavors. Needed is an improved understanding of barriers to and best practices for inclusion. *What reasons do coalition members believe to be responsible for the absence of certain groups? What strategies have proven successful in recruiting coalition members from beyond the social services sector?*

Considering Dissemination of Coalition-Derived Ideas

The proliferation of the coalition model has exposed serious questions about outcomes. At present, there is a need for improved understanding of the ways coalitions are (and are not) capable of affecting change, including the development of a theoretical perspective addressing expected changes in coalition influence according to diversity of participation. Owing to increasing concerns about the utility of the coalition approach, Kreuter, *et al.* (2000), utilized a meta-analysis of existing coalition literature to determine overall effectiveness of collaborative mechanisms in public health. Out of 68 articles published between 1990 and 1997 in which coalitions were described as having a key

role in the public health intervention described, only six provided documented evidence of “health status or systems change” (50). A further grim reality is that many coalitions fail to thrive, with up to half not surviving their first year, and many existing only on paper in minimal deference to grant requirements. Kreuter and colleagues conclude that one or more of the following scenarios must be true:

1. Collaborative mechanisms are inefficient and/or insufficient mechanisms for carrying out planning and implementation tasks.
2. Expectations of health status/health systems change outcomes are unrealistic.
3. Health status/health systems changes may occur but may go undetected because it is difficult to demonstrate a cause-and-effect relationship. (2000:52)

With so many public and private funding agencies buying into collaborative approaches, these conclusions are somber news. I, however, agree with Butterfoss, who views these conclusions as evidence of a need for additional research exploring coalition effectiveness:

We cannot underestimate the amount of time that it takes to create and sustain viable coalitions, the difficulty in identifying and implementing ‘best practices,’ the reluctance to accept qualitative methods of evaluation, the identification of realistic intermediate and long-term outcomes, and finally, the understanding of long-term benefits and unintended positive outcomes for communities. However, we should be careful lest we ‘throw the baby out with the bathwater’ by criticizing coalitions for not achieving measurable outcomes. (2007:90)

To achieve improved understanding of coalition effectiveness, it is useful to turn to the work of Jurgen Habermas (1970; 1971), who identifies three domains of knowledge and interests that are at play in determining the implications of that knowledge – in this case, knowledge of what factors are to be considered in determining coalition outcomes. “Technical” knowledge, according to Habermas, is knowledge seen as the basis of empirical science, such as the quantitatively-derived evaluation of coalition outcomes. Such knowledge has the tendency to become hegemonic when it is utilized absent broader understanding of the historical and political moment that led to its acceptance and use. Technical knowledge is often used as the basis for community development projects, and can create barriers to program success as “experts” blindly follow scientifically-derived “best practices” while ignoring the historical and political realities of community stakeholders (Sakamoto and Hustedde 2009). “Hermeneutic,” or “practical,” knowledge seeks to define said historical and political moments, revealing

meanings behind actions – not just what we do, but why we do what we do. Finally, if we are successful at achieving hermeneutic knowledge, liberating the self-consciousness from hegemonic ideologies and fully examining the multiple (hermeneutic) sources of our actions, we open the pathway to “emancipatory” knowledge. To Habermas, emancipatory knowledge is unfettered by prescribed ideology, allowing full freedom of human expression. This is the type of knowledge with the greatest capacity to benefit human society; at once synthesizing and transcending technical and hermeneutic knowledge (1970; 1971). Applied to coalition practice, technical knowledge-driven analyses of coalition outcomes are insufficient. Needed is improved understanding of why coalitions do what they do – what local historical and political realities influence individual contributions to coalition discourse. If coalition practice is to be improved, researchers must seek this understanding while identifying means by which coalitions themselves achieve hermeneutic and emancipatory knowledge. Such is the focus of this research.

A focus on coalition-based hermeneutic and emancipatory knowledge cannot be myopic – it must consider at once the coalition as well as the communities the coalition has targeted for change. The ultimate goal of all coalitions is improvement in health outcomes in the communities the coalitions purport to represent. To achieve improved health outcomes, coalition-derived ideas must be disseminated into the community. As Kreuter, *et al.*’s third conclusion above would indicate, dissemination of coalition ideas can occur in different ways, some of which are not easily detectable using evaluative practices common to public health and thus to coalition practice, namely quantitative investigations of rates of program participation and long-term changes in community-wide health indicators related to the planning and implementation of specific programs (Spoth and Greenberg 2005, Butterfoss 2007). This sort of coalition evaluation, rooted in technical knowledge, is inherently difficult, leading Berkowitz to conclude that “traditional scientific methodology is poorly suited for capturing fine-grained coalition outcomes, and that coalitions and similar collaborative organizations are too complex to be adequately evaluated by the methodology that is now available” (2001:213). Kreuter, *et al.*, noting difficulties inherent in conducting outcome evaluations amongst the myriad other demands of coalition practice, suggest that “asking whether collaborative endeavors

influence health status and health systems may be the wrong evaluation question” (2000:61).

A better evaluation question requires improved conceptualization of dissemination of coalition-derived ideas. In particular, an effective means of dissemination of coalition-derived ideas is likely the ability of coalitions and other localized community groups to cause governments and agencies alike to “think differently about how to create opportunities, achieve equity, and improve lives” (Blackwell and Colmenar 2000:166). This type of change need not occur via the planning and implementation of specific programs, but can be accomplished simply as coalition members share their coalition-derived insights with others outside of the coalition. Based on my own participation in coalitions, I propose a theory of coalition influence that begins with the understanding that there are three primary means of dissemination of coalition-derived ideas.

1) *Between coalition members themselves* – coalition meetings frequently include opportunities for members to share goings on in their agencies, local events, and ideas for affecting change. Many coalition members report that these updates are important reasons for participation in coalition meetings.

2) *Between coalition members and individuals outside the coalition* – coalition members report sharing ideas learned in coalition meetings with coworkers, family members, and others, thus broadening the effect of the coalition.

3) *Between the formal coalition and the community* – coalitions are designed to create specific programs, messages, or policy actions to be disseminated in the broader community (e.g. a summer physical activity encouragement program for youth).

Reaching beyond technical knowledge to consider the influence of coalition ideas exchanged in ways outside of formal coalition-sponsored programs allows new types of expected coalition outcomes to come into focus. I hypothesize that idea sharing unrelated to the coalition’s development of specific programs may be the greatest benefit of the coalition model, as it allows individuals and agencies to change behavior and strategies outside of the coalition itself based on the combined insight of all individuals participating in the coalition. Thus, a final set of areas of investigation for this research: *Is there evidence that coalitions are capable of creating change in communities outside*

of the development of specific interventions? Do coalition members report using information garnered at coalition meetings to create change in their own discourse communities?

Further Justification of the Research

Anthropologists have concluded that “‘community participation’ remains a rhetorical staple of health development proposals with little reality in practice” (Smith-Nonini 1997:364),⁹ and that there is a clear need for community health partnerships to be designed with a theoretical foundation in mind: “without theoretical guidance, program evaluation is forced to resort to addressing only the degree to which expected outcomes are achieved, but it cannot explain why” (Schensul 1999:272).¹⁰ Further, “needed are new approaches that dispel the distance between the researcher and the researched, the university and the community, research and action, or services and the individual” (Schensul 1999:267). Finally, Thompson, *et al.* conclude:

Anthropology, with its macro perspective of examining systems coupled with its micro perspective of discovering how people relate to these systems, can help health care agencies and programs recognize divergent perspectives, facilitate a definition of community participation, and figure out to what extent it is possible. It can also recognize institutional imperatives and separate those from individual motivations, high-sounding rhetoric, and on the ground realities. (1999:103)

This dissertation represents an attempt to combine the anthropological perspectives Thompson, *et al.* describe with contemporary coalition and social science theory to improve knowledge and practice in achieving diversity of participation and dissemination of coalition-derived ideas, thus moving coalition practice closer to avoidance of barriers to effective coalition practice such as poorly-defined “participation” and negligible community health outcomes. I believe that coalitions have the potential to be effective mechanisms of public health promotion to the extent that they are representative of the communities they purport to represent. In effective coalitions, I believe that Kreuter, *et*

⁹ In public health, this conclusion is shared by Eilbert (2003), who asserts that the modern popularity of the coalition resides more in rhetoric than in researched evidence.

¹⁰ Outside of anthropology, Chavis (2001) states that the majority of coalition evaluation studies have focused on issues of “governance, planning, resource development, and structure” (310), with minimal focus on diversity of member interests, experiences, and power. Hallfors *et al.* (2002) suggest a need for more careful study of the process of coalition partnership and of coalition outcomes. Spoth and Greenberg (2005) make the same suggestion, adding that “refinement of a model of partnership functioning would contribute to a much needed understanding of factors influencing partnership sustainability” (114).

al.'s third conclusion, above, holds true: many of the changes that effectively representative coalitions inspire in communities go unmeasured by traditional forms of coalition evaluation. There is clear need for improved understanding of informal means of dissemination of coalition-derived ideas. Such research is in keeping with Moran's (1995) and Bhattacharyya's (1995) encouragement of anthropological work that explores the oft-ignored space that exists between different levels of analysis. To better understand the participation- and dissemination-based areas of investigation detailed above, theoretically-supported (following Schensul's advice) qualitative analysis of coalition discourse is necessary, focusing at once on perceptions of participation alongside less formalized means of coalition influence.

A Knowledge Base to Build On: Community Coalition Action Theory

In order to identify realistic coalition outcomes, improved understanding of coalition function is needed (Butterfoss 2007). Significantly, one of the problems associated with coalitions is that until recently there has been no commonly accepted theory of coalition function. A relative dearth of explanatory models of coalition action can be explained by the importance placed by coalition practitioners on local action over evaluation and theory-building (Spoth and Greenberg 2005). Similarly, as much of the responsibility for coalition building tends to fall under the auspices of health educators, cooperative extension workers, and other social service professionals outside of academia, there has been relatively little professional persuasion to contribute to the broadening of the collective coalition knowledge base. Beginning in 2002, however, Butterfoss and Kegler combined evidence from a large body of existing coalition literature with their impressive combined personal experience to create a body of theory specific to community-based public health coalitions. Community Coalition Action Theory (CCAT) contains a list of 23 propositions, each of which speaks to a theoretical understanding about coalition practice (Butterfoss and Kegler 2002, expanded upon in Butterfoss 2007).

Table 1.1: Community Coalition Action Theory (Butterfoss 2007:73-75)

Topical Area	Proposition
Stages of Development	1. Coalitions develop in specific stages and recycle through these stages as new members are recruited, plans are renewed, and new issues are added.

Table 1.1 (continued)

Topical Area	Proposition
Stages of Development	2. At each stage, specific factors enhance coalition function and progression to the next stage.
Community Context	3. Coalitions are heavily influenced by contextual factors in the community throughout all stages of coalition development.
Lead Agency/ Convener Group	4. Coalitions form when a lead agency or convening group responds to an opportunity, threat, or mandate.
	5. Coalition formation is more likely when the convening group provides technical assistance, financial or material support, credibility, and valuable networks and contacts.
	6. Coalition formation is more likely to be successful when the convener group enlists community gatekeepers who thoroughly understand the community to help develop credibility and trust with others in the community.
Coalition Membership	7. Coalition membership usually begins by recruiting a core group of people who are committed to resolve the health or social issue.
	8. More effective coalitions result when the core group expands to include a broader constituency of participants who represent diverse interest groups, agencies, organizations, and institutions.
Operations and Processes	9. Open and frequent communication among staff and members helps create a positive climate, ensures that benefits outweigh costs, and makes collaborative synergy more likely.
	10. Shared and formalized decision-making processes help create a positive climate, ensures that benefits outweigh costs, and makes collaborative synergy more likely.
	11. Conflict management helps create a positive climate, ensures that benefits outweigh costs, and makes collaborative synergy more likely.
	12. The benefits of participation must outweigh the costs to make collaborative synergy more likely.
	13. Positive relationships among members are likely to create a positive coalition climate.
Leadership and Staffing	14. Strong leadership improved coalition functioning and makes collaborative synergy more likely.
	15. Paid staff who have the interpersonal and organizational skills to facilitate the collaborative process improve coalition functioning and make collaborative synergy more likely.
Structure	16. Formalized rules, roles, structures and procedures make collaborative synergy more likely.
Pooled Member and External Resources	17. The synergistic pooling of member and community resources prompts effective assessment, planning, and implementation of strategies.

Table 1.1 (continued)

Topical Area	Proposition
Member Engagement	18. Satisfied and committed members will participate more fully in the work of the coalition.
Assessment and Planning	19. Successful implementation of strategies is more likely when comprehensive assessment and planning occur.
Implementation	20. Coalitions are more likely to create change in community policies, practices, and environment when they direct interventions at multiple levels.
Community Change Outcomes	21. Coalitions that are able to change community policies, practices, and environments are more likely to increase capacity and improve health and social outcomes.
Health/Social Outcomes	22. The ultimate indicator of coalition effectiveness is the improvement in health and social outcomes.
Community Capacity	23. As a result of participating in successful coalitions, community members and organizations develop capacity and build social capital that can be applied to other health and social issues.

As referenced in many of its propositions, CCAT sees “collaborative synergy” as an important coalition outcome. Butterfoss and Kegler have coined this term following a call by Lasker, *et al.* (2001) for clarity of focus on the specific mechanisms by which coalitions achieve success, hypothesizing “partnership synergy” to be “the proximal outcome of partnership functioning that gives collaboration its unique advantage” (2001:183). The authors continue:

By combining the individual perspectives, resources, and skills of the partners, the group creates something new and valuable together – a whole that is greater than the sum of its individual parts... Synergy is manifested in the thinking and actions that result from collaboration, and also in the relationship of partnerships to the broader community. (184)

Synergy is operationalized by Lasker and colleagues as a product of coalition interaction, evident in the extent to which coalition members “develop realistic goals that are widely understood and supported”, “incorporate the perspectives and priorities of community stakeholders, including the target population”, and “obtain community support” (2001:188). The authors hypothesize a list of nineteen potential determinants of partnership synergy, ranging from resources available to the group to levels of trust between group members. Elevated levels of partnership synergy, it is hypothesized, lead to increased coalition effectiveness (Lasker, *et al.* 2001).

The incorporation of the concept of “synergy” into CCAT is an important advancement in coalition theory, as it leads to the exploration of two important questions concerning coalition outcomes, as posed by Lasker, *et al.* (2001). First, “Is collaboration better than efforts by single agents in improving the capacity of communities to achieve health and health system goals;” and second, “What can be done to realize the full advantage of collaboration?” (197). The first question has risen to prominence in the coalition literature in response to the aforementioned research by Kreuter, *et al.* (2000), that concluded that coalitions might not be as effective as their popularity would dictate. As for the second question, as Lasker and colleagues point out, coalition research has traditionally focused largely on two somewhat different queries: which internal variables (leadership style, meeting time, etc.) lead to more satisfied coalition members; and do coalition interventions lead to measurable change in community health outcomes? The authors suggest that there is great benefit to be obtained in bridging these two areas of focus to identify pathways through which internal coalition functioning leads to more effective community health outcomes. “Synergy” is seen as this bridge, meaning that attempts to study “synergy” should result in improved understanding of *how* (as opposed to *if*) effective coalition-based health outcomes are achieved (Lasker, *et al.* 2001). This dissertation research is well-aligned with modes of inquiry suggested by Lasker, *et al.* in its desire to improve understanding of attitudes toward diversity of participation and pathways by which coalition-derived ideas come to influence communities.

In the end, CCAT is used as a foundation for this research because of its breadth as a model of coalition function and because of its advocacy of coalition research that seeks improved understanding of how effective coalition-based health outcomes are achieved. Importantly, and in accordance with the complexity of coalitions themselves, CCAT’s breadth of scope belies a certain lack of depth. To be sure, there is ample room for further understanding of the coalition model under each of CCAT’s 23 propositions. Butterfoss asserts: “This theoretical model is a starting point – we welcome all contributions that improve its validity, reliability, and utility” (2007:91), while also noting a need for explanatory models emergent from qualitative coalition research strategies. The areas of investigation defined in the earlier pages of this chapter focus on improving theoretical and practical knowledge most clearly underlying a specific CCAT

proposition well-aligned with traditional anthropological modes of inquiry, specifically CCAT proposition number eight:

More effective coalitions result when the core group expands to include a broader constituency of participants who represent diverse interest groups, agencies, organizations, and institutions. (Butterfoss 2007:73)

Throughout this dissertation, I will refer to CCAT proposition number eight as the “broader participation proposition.” I use this proposition as a foundation upon which to build an expended theory of coalition structure, process, and influence.

Understanding “Synergy”: Habermas’ Theory of Communicative Action

While a theoretical focus on “collaborative synergy” represents a distinct improvement in studies of coalition outcomes, the theory makes one noteworthy omission. Quite simply, a focus on how well coalition members work together risks neglecting to ask who has been left out of the coalition. One could just as easily work to achieve synergy between three people from the same agency, but such an action would not necessarily lead to improved community health outcomes. In order to more fully understand the benefits of diverse participation (CCAT Proposition Eight), this research must be conducted through a theoretical framework that places emphasis on the importance of diverse participation in achieving an exchange of ideas capable of creating behavioral change at multiple levels. Three different bodies of social theory were considered to augment this research. Ultimately, I’ve chosen Jürgen Habermas’ Theory of Communicative Action (1984, 1987, 1990) to frame this research, as it speaks of the importance of the inclusion of all stakeholders in any process of social change. Further, Habermas speaks to outcomes, suggesting that only achievement and valuation of input from all stakeholders will lead to what he is calling the “universal norm” for a given community, and what I am calling, in the case of the coalition, a program that is effective for all while marginalizing none.

Paths Not Taken: Diffusion of Innovations and Social Organization Theory

A theory that does address dissemination in a more complex manner is Rogers’ work in Diffusion of Innovations (2003). This theory represents a means of explaining different rates of adoption of ideas and programs in a given population, explaining that adoption of a particular innovation is dependent on factors such as awareness, interest,

evaluation, trial, and adoption. Conceivably, Diffusion of Innovations theory could be applied to dissemination of coalition-derived ideas both in the form of entire programs and in the form of the simple passing of ideas between coalition members and non-members. Where the theory fails in relevance to coalitions, however, is in its conception of ideas as uni-directional (e.g. flowing solely from advertising agency to consumer). While unidirectional exchange of ideas is a useful means of studying consumer acceptance of certain products, it fails to account for the community input required of the effective coalition, where ideas must disseminate both from the community to the coalition as well as from the coalition to the community. In reality, coalition ideas are exchanged in multiple directions, as coalition members share ideas both inwardly with other coalition members and outwardly with non-coalition members. Further, coalition members themselves can be open to considering new ideas. Still, Rogers' theory is of use in reminding us that different rates of adoption of ideas, no matter their direction, are to be expected in any given group of individuals, whether single coalition or entire community.

As coalitions are community groups requiring voluntary participation to succeed, they might also fall under the purview of Social Organization Theory (Shaw and McKay 1942). Introduced to the literature in the 1940's, Social Organization Theory was originally developed as a means of explaining differences in crime rates among neighborhoods. The overarching hypothesis of this theory is that participation in one's community is affected by structural conditions. The theory's application to coalition research is in its treatment of reasons for differences in voluntary participation in a given community, which the theory commonly attributes to ethnicity, residential instability, and/or poverty (Small 2002). Where Social Organization Theory becomes unattractive for coalition research, however, is in its envisioning of a lineal relationship between participation and changes in community structure (e.g. changes in community structure affect participation – participation is seen herein as “effect” rather than cause) (Small 2002, Wallace 1961). Social Organization Theory is ill-suited here because this research is designed to understand how coalitions might better come to represent and affect the communities they purport to serve (as opposed to studying how the community might influence more people to band together into coalitions). What is better suited to this

research is a theory that views participation as cause over effect, inasmuch as successful programs and ideas for entire communities can only be achieved through full community participation.

Theory of Communicative Action

I've chosen in this study to use a theory that allows for the understanding and development of strategies aimed at maximizing both participation and dissemination, while recognizing that dissemination of ideas occurs between multiple stakeholders in the coalition model and that successful dissemination requires participation from all stakeholders. The premise of this research that community participation must exist for dissemination of public health interventions to be successful is rooted in anthropological examinations of the importance of stakeholder participation (Drake 1989, Hahn 1999, Bradford and Gwynne 1995, Chaskin 2001, MacLennan 1995, Goodenough 1963, in addition to the more specific examples cited earlier in this chapter), and is operationalized using Habermas' Theory of Communicative Action (1984, 1987, 1990). Informed by relativist thought and the systems theory of Talcott Parsons¹¹ and others, and designed as a critique of functionalist thought, "communicative action" is defined as the process of *multidirectional exchange of values* within a *discourse community* with the goal of arriving at *universal norms* of use to the entire community (Habermas 1984, 1987, 1990). Habermas develops his theory of communicative action as a prescription for societal emergence from what he sees as an escalating tendency toward societal over-reliance on technical knowledge – our willingness to blindly follow actions supported by "science" absent a broader (hermeneutic) understanding of deeper causative meanings behind said

¹¹ Parsons' work on systems has also been used as a theoretical basis within organizational/business anthropology. Commonly cited is Scott's (2002) work (dating back to 1981) which hypothesizes a distinction between rational, natural, and open systems perspectives within organizations, viewing the interaction of these perspectives as sites of conflict. A common critique of this particular work is that there is little substantial distinction between the perspectives, combined with too little focus on the capacity of systems to minimize individual agency (Whetten 1982; Hardy 1983). Communicative Action Theory, I believe, achieves greater clarity in allowing the study of interactions between varying stakeholder perspectives in coalition discourse, including focus on individual agency. I mention Scott's oft-cited work here simply to demonstrate a potential alignment of my use of Habermasian thought to broader organizational theory, which is similarly emergent from variations on a systems approach and, like Habermas, maintains an overarching focus on disorders of society. I see a link between Communicative Action Theory and organizational anthropology as a potentially fruitful area of research beyond this dissertation.

actions. For this theory to be successfully applied to coalition research, some definitions are in order.

Communicative action. When two or more rational individuals engage in discussion “to reach an understanding about the action situation and their plans of action in order to coordinate their actions by way of agreement,” communicative action is taking place (Habermas 1984:86). In the case of the coalition, the action situation I’m interested in is the promotion of public health improvement goals as specified by the coalition. In the case of Action for Youth, for example, the public health improvement goal is decreased alcohol, tobacco, and drug use among children and teenagers. Communicative action is operationalized in this research as conversations and reports of conversations, whether at or outside of coalition meetings, having to do with achieving the coalition’s goal. Examples of communicative action, then, include a heated conversation at an Action for Youth meeting I observed in which members debated their choice of finalists in a coalition-sponsored competition wherein local high school students designed anti-drug public service announcements and posters, an announcement at the same meeting seeking assistance in an after-school program aligned with coalition goals, and coalition member interview responses describing the influence of coalition-derived ideas on activities within the agencies the respondents represent.

Multidirectional exchange of values. As the last example of communicative action above indicates, coalition-based communicative action does not take place solely between coalition members. Indeed, as coalition members share coalition-derived ideas with individuals outside of the coalition, they are still seeking “to reach an understanding about the action situation,” the coalition’s stated goal. Just as ideas flow out of the coalition, coalition members also bring ideas from outside conversations into the coalition (e.g. the announced after-school program). In this manner, communicative action entails multidirectional exchange of values between coalition members and the broader community.

Multidirectional exchange of values also occurs between members of the same coalition, as members argue to convince one other of the best means of achieving coalition goals. For instance, members of Bridges to Health were concerned about the future of a summer activity program for 9-13 year olds, due to a decrease in grant dollars

supporting the coalition and high costs associated with printing thousands of promotional cards to be distributed to and carried by the youth. Coalition members spent time debating the benefits and consequences of hosting the program online, thereby allowing far fewer cards to be printed. Coalition members who work more frequently with youth, through communicative action, convinced the coalition leader and members that such a change would be welcomed by the youth, who tend to experience difficulty in keeping up with paper cards in the first place. The coalition chose to proceed with an internet version of the program, ultimately reaching far more youth than it had with the card-only program. Were it not for multidirectional exchange of ideas, whereby coalition members both contributed to and learned from the conversation in order to reach consensus, the program might have taken a less successful path.

Discourse community. Discourse communities have been defined as “groups of people who share common ideologies, and common ways of speaking about things” (Little, *et al.* 2003:73). According to Habermas, each person is a member of multiple discourse communities, which can be formally or informally-defined (1984). In this research, each of the five coalitions represents a single “discourse community”. Importantly, each coalition member is seen as a part of other discourse communities outside the coalition (e.g. the agency they work for, other coalitions they serve on, their family group, etc.), allowing coalition ideas to move outward from the coalition via communicative action. In order for a coalition to be effective in creating health-based behavioral change, it must influence multiple discourse communities.

Universal norms. Communicative action represents the process of attempting to arrive at “universal norms,” which are statements that can be applied to the entirety of the group in question (Habermas 1990). For instance, a person stating: “People in this town should eat better and exercise more” is proposing a universal norm. If every person living in the town in question came to agree that they should eat better and exercise more, the universal norm would be established. In order for such agreement to come about, a large amount of communicative action would have to take place, whereby the townspeople would discuss with each other the relative benefits and consequences of various positions on diet and exercise, arriving at the conclusion that eating better and exercising more is the best course of action.

Suggesting such universal norms is the very purpose of coalitions, which seek to use communicative action to persuade communities to engage in particular health-related behaviors. To Habermas, the logical conclusion of the process of communicative action is society's arrival at a universal norm upon which all have agreed, thus inspiring behavior in keeping with the universal norm. In the case of the coalition, however, arrival at universal norms is an entirely hypothetical goal. In reality, coalitions simply hope to inspire as much change as possible. This is where Communicative Action Theory becomes so useful in coalition research: Habermas theorizes that the only way to achieve universal norms is by involving *each* stakeholder in the process of communicative action, further dictating that successful arrival at universal norms requires both participation and compromise from *all* stakeholders (1990). In short, Communicative Action Theory applied to coalitions would suggest that failure to incorporate diverse participation would severely limit a coalition's ability to effect behavioral change throughout an entire community. Using this theoretical perspective incorporates Lasker, *et al.*'s concept of "synergy" (coalition members must engage in communicative action with one another) alongside anthropological assertions of the importance of diversity of participation.

In accordance with anthropological viewpoints presented earlier in this chapter, Habermas warns that failure to engage in communicative action marginalizes those stakeholders who are left out of the conversation, thus minimizing their freedom and rationality (1990). Habermas believes that attacks on the communicative infrastructure of society¹² are commonplace today, allowing reification of hegemonic discourse. Contemporary peace movements and other grassroots social movements are used as evidence of the existence of communicative action, and of the power of changing societal morals to change action. Importantly, and adding complexity to the theory, Habermas sees communicative action as a dynamic process, just as necessary to change societal action as to maintain existing norms. In other words, communicative action is constantly taking place, though only in an idealized world are all individuals given the ability to have their particular beliefs and experiences (termed "lifeworlds" by Habermas) included in the creation, modification, and maintenance of universal norms (1984, 1987, 1990).

¹² Habermas, who witnessed the Nazi regime firsthand, is greatly concerned about limitations on individual autonomy enforced by governments acting in an authoritarian manner (1990).

In the case of the public health coalition, this theory is useful in that it allows us to work toward an idealized state where complete stakeholder participation is achieved in a given community, leading to ideal community public health interventions and exchanges (the universal norm) as the various stakeholders achieve consensus through a process of exploration of new perspectives and compromise. Owing to the logistical inability of coalitions to engage all members of a community in communicative action, it is unlikely that universal norms will be realized in coalition practice. As such, the application of Communicative Action Theory to study coalitions represents an expansion of the theoretical perspective. A further expansion of the perspective is realized in the study of “grant-inspired,” as opposed to “grassroots” coalitions. The coalitions I’m studying are quite representative of contemporary coalition practice, yet are anomalous in the eyes of Communicative Action Theory in that they are reliant on state support in the form of grant funding, yet are emergent from a grassroots participatory model. I believe, however, that research seeking means of achieving universal norms through improved participation and dissemination in coalition practice, using guidelines suggested by Communicative Action Theory, represents a substantial opportunity to improve existing coalition theory and practice.

In summary, Communicative Action Theory stands out as a useful means of theorizing the dissemination of public health interventions for five reasons.

- 1) It reveals dissemination as a complex process, whereby ideas are shared and modified in multidirectional exchange.
- 2) It reveals the importance of including all stakeholders in intervention design.
- 3) It sees interventions as groups of malleable ideas to be modified for use in new settings and cultures (discourse communities) within the broader community.
- 4) It sees interventions created in a given community as works in progress, not final products.
- 5) Evidence of communicative action is readily discernable using social science research methods, and can be linked to coalition- and individual-based variables. In the case of this research, communicative action is evidenced through observed interaction of coalition members at coalition meetings as well as reported conversations, both inside

and outside of coalition meetings, about coalition ideas as revealed in targeted semi-structured interviews with coalition members.

Goals of the Research

This research uses Communicative Action Theory to expand upon CCAT's broader participation proposition, thus improving upon the theoretical knowledge base relative to coalitions as well as providing suggestions for improving coalition practice. I am investigating both participation and dissemination in five community-based participatory public health coalitions in the United States. First, in viewing participation, I note there is a need to more fully understand rationale for participation, which I hypothesize has much to do with personal and agency-derived agendas of information-seeking, networking, and resource acquisition (realities rooted in hermeneutic knowledge). I build upon anthropological assessments of marginalizing practices in development projects by studying how factors outside of the coalition such as agency involvement and feelings of marginalization affect participation. I look at participation in two ways: factors influencing an individual's decision to engage in communicative action with the coalition discourse community by joining and remaining a member of a coalition, and factors influencing a member's level of participation in coalition communicative action. I use participant observation of coalition meetings to ascertain trends in coalition membership, and expand upon this understanding of who commonly participates by investigating not only who is left out, but who existing coalition members and leaders think should be invited. Are coalition members looking to include all stakeholders, or are they seeking to surround themselves with actors displaying similar agendas?

Finally, a focus on communicative action in coalitions will demonstrate that evaluating coalitions in terms of the effectiveness of the programs they create is only looking at one of the avenues through which a coalition may affect social change. Individual coalition members may also create a "ripple effect" of change as they share coalition-derived ideas within their agencies and with other non-members. I hypothesize that this is an important outcome of coalitions and as such helps to justify the coalition model. To this end, I study these "ripple effects", asking coalition members about their sharing of coalition-derived ideas with their agencies as well as with friends, family

members, and others, thus identifying meaningful sources of coalition communicative action with “a broader constituency of participants” as suggested by CCAT’s broader participation proposition (Butterfoss 2007:73).

In the end, improved understanding of motives for participation (including motives relative to occupational culture), rationale for and effect of differing levels of participation among existing members, who should be participating, and where coalition-derived ideas go once they leave the coalition meeting can be used to bring the coalition closer to achieving the universal norms it suggests, thus improving the likelihood of achieving the promise espoused in coalition rhetoric. Difficulties in both achieving and measuring coalition outcomes have led to two key policy issues: a) do coalitions offer sufficient return for the substantial investment of time and resources they demand; and b) if so, how might the return on this investment be improved (Lasker, *et al.* 2001)? Despite challenges of participation and dissemination, it seems reasonable to conclude that the coalition model has the potential to lead to improved public health outcomes (achievement of universal norms) if, in accordance with the promise that led to the proliferation of the coalition in the first place, coalitions successfully facilitate communicative action with a diverse group of discourse communities. The encouragement of such diversity of participation would provide maximum return on what to this point is a large investment of time and resources across the field of public health.

The next question – how do we get there? – is the focus of this research on participation and dissemination. By examining barriers to coalition effectiveness in terms of questions about participation and dissemination emergent from contemporary anthropological modes of inquiry, this research is designed to enable coalitions to overcome these barriers in an attempt to further realize the benefits of the coalition model.

Research Questions

The following specific research questions have been derived by applying Communicative Action Theory toward the goal of improving coalition theory and practice through the expansion of the knowledge base underlying CCAT’s broader participation proposition.

Participation-Based Questions

1. What discourse communities are represented in communicative action at coalition meetings? Are there differences in diversity of participation between coalitions? Can a typology of diversity of participation be developed based on these findings?
2. Do coalition members believe that the coalition would benefit from more (or less) diversity of representation? What discourse communities, if any, are seen by members as missing? What reasons do coalition members and former members believe to be responsible for the absence of certain discourse communities? How might these barriers to participation be overcome in practice?
3. What do coalition members expect to gain from participation in coalition discourse? Do expectations differ according to differences between discourse communities? What are means coalition leaders can employ to ensure that these expectations are met for multiple discourse communities?

Dissemination-Based Questions

4. In the context of coalition function, what are the most common means of communicative action (e.g. discourse at meetings, between meetings)? What are strategies that can be used to promote the active exchange of ideas required for communicative action to take place?
5. Do coalition members report using information garnered at coalition meetings to engage in communicative action to promote change in discourse communities external to the coalition (multiple levels)? How might this collateral form of coalition-derived communicative action be further promoted?

Chapter two will explain the methodology used to answer these questions.

Chapter Two: Organization of the Dissertation and Methodology

To improve the theoretical and practical understanding of participation and dissemination of ideas in community-based participatory public health coalitions, I have observed meetings and interviewed current and past members of five separate coalitions located in Kentucky and Florida. This qualitative approach is indicated by my research questions, which focus on seeking explanatory models and identifying evidence of communicative action. The methods I have selected are supported by anthropological precedent as well as by calls from coalition researchers for improved qualitative and comparative studies of coalition practice, as discussed in the last chapter and further discussed below. This chapter describes these methods in detail, but begins with an overview of the organization of the dissertation followed by a discussion of the criteria for selection of the five study coalitions, as well as brief descriptions of each of the groups. The chapter will continue with a description of the methods used in the research -- participant observation of coalition meetings, and interviews with coalition members and leaders -- including selection criteria and data analysis techniques.

Organization of the Dissertation

I am using a series of four chapters to present analyzed data alongside theoretical and practical conclusions, moving generally from a discussion of participation to a discussion of dissemination of coalition-derived ideas. Chapter three, ‘We Are the Invisible Ones:’ Achieving Diversity of Participation,” focuses on who is participating in coalition meetings, including diversity of participation at meetings of the five coalitions as revealed by my participant observation. This chapter also contains a discussion of the attitudes of coalition members toward diversity of participation. For instance, do coalition members desire a diverse coalition or are they more comfortable working with individuals who share a similar social services sector occupational culture? Included in this chapter are descriptions of individuals and agencies that coalition members perceive to be missing from the groups, as well as reasons why coalition members think these groups are not included. This data is then used create a typology of diversity of participation based on Communicative Action Theory, followed by a discussion of means of improving participation (and avoid the marginalization of community groups) as

revealed by observation and interviews. This chapter contains research findings emergent from the first two sets of research questions explained in chapter one:

1. What discourse communities are represented in communicative action at coalition meetings? Are there differences in diversity of participation between coalitions? Can a typology of diversity of participation be developed based on these findings?
2. Do coalition members believe that the coalition would benefit from more (or less) diversity of participation? What discourse communities, if any, are seen by members as missing? What reasons do coalition members and former members believe to be responsible for the absence of certain discourse communities? How might these barriers to participation be overcome in practice?

Chapter four, “Everyone Throwing Starfish: Maintaining Diversity of Participation by Meeting Coalition Member Expectations,” examines participation more fully by describing motives for coalition participation as revealed by coalition members (and former members) in interviews. Respondents were asked about motives for participation in three ways – personal motives, agency motives, and community motives. Coalition members revealed to me important distinctions between motives for participation in public health and other social service agencies and the private sector, e.g., business owners. Failure to meet these expectations leads to individual feelings of exclusion among current and former coalition members. This chapter reveals sources of feelings of being undervalued and presents steps taken by individual coalition leaders to make members feel that their contributions are valuable. This portion of the research is of further significance in that there is little existing work on the perceptions of individuals who have decided to discontinue coalition membership. In sum, this chapter presents findings relative to research question number three:

3. What do coalition members expect to gain from participation in coalition discourse? Do expectations differ according to differences between discourse communities? What are means coalition leaders can employ to ensure that these expectations are met for multiple discourse communities?

Beginning in chapter five, “‘It’s a Clearinghouse Right Now, But There’s No Information:’ Identifying and Encouraging Communicative Action Within the Coalition,” the focus turns from participation to dissemination of ideas. Specifically, chapter five presents evidence of communicative action in coalition function, as coalition discourse takes place both during and outside of coalition meetings. Between the study coalitions,

however, there are clear differences in where the majority of coalition-based decision-making is done, whether by all members in coalition meetings or by a small subset of members via telephone and e-mail exchange. These differences influence the amount of communicative action the coalition is able to achieve. Interview respondents and participant observation have revealed strategies for facilitating communicative action at coalition meetings, as well as examples of coalition meeting activities that serve to minimize communicative action. This chapter presents findings relative to research question number four:

4. In the context of coalition function, what are the most common means of communicative action (i.e., discourse at meetings and/or between meetings)? What are strategies that can be used to promote the active exchange of ideas required for communicative action to take place?

Chapter six, “Reaching the ‘Local Level:’ Evidence of Dissemination of Coalition-Derived Ideas,” includes evidence showing the large extent to which coalition members share coalition-derived ideas with co-workers, family members, and other individuals and agencies. Further, I share respondent stories of the effect this idea-sharing has had on discourse communities external to the coalition. This chapter reveals dissemination of coalition-derived ideas to be a process much more complex than typical evaluative measurement of health statistics or numbers of program participants would indicate. Data presented in this chapter raise the possibility that the majority of a coalition’s success toward achieving universal norms may well be attached to these collateral processes of dissemination of coalition-derived ideas to wider discourse communities, as opposed to linked exclusively to coalition-designed programs. These findings have clear implications for coalition evaluation practice, in addition to countering claims of coalition ineffectiveness. This chapter presents data relevant to research question number five:

5. Do coalition members report using information garnered at coalition meetings to engage in communicative action to promote change in discourse communities external to the coalition (multiple levels)? How might this collateral form of coalition-derived communicative action be further promoted?

The final chapter of the dissertation, chapter seven, distills key findings into a series of supplemental statements designed to accompany the CCAT broader

participation proposition, thus summarizing this research's contributions to coalition theory and practice. Then, implications for Communicative Action Theory are discussed, followed by a discussion of contributions to anthropological theory and, more specifically, possibilities for further application of anthropological theory and methods to coalition research.

Research Population

Although my work with coalitions began in New York City in the summer of 2002, this dissertation research was not conceived until 2004, while I was working as part of the research team for a Kentucky coalition that eventually became part of this study. (Importantly, this dissertation work consists of original research, as opposed to an analysis of work completed during my employ with the coalition). My selection of research questions was informed, of course, by my work with both of these coalitions. In coming to the conclusion, evident both from practice and from literature review, that there is a need in the literature for a better understanding of processes of participation and dissemination, I also came to the conclusion that there is a need for coalition studies that: a) employ qualitative methodologies in an attempt to better “make sense of, or to interpret, phenomena in terms of the meanings people bring to them” (Denzin and Lincoln 2000:3); and b) employ a comparative approach, as the existing coalition literature is rife with studies of individual coalitions, consisting predominantly of statistically-derived outcome evaluations, leading to a call for comparative studies of coalitions (Israel *et al.* 1998).

With these goals in mind, I began to consider coalitions to include in this research. Based on my work with the Kentucky coalition and with anthropologist Carol Bryant of the Florida Prevention Research Center (FPRC), I had hope for entrée with several coalitions that were (1) sponsored by the FPRC, (2) part of the Partnership for a Fit Kentucky (a statewide CDC-funded program designed to create a series of regional coalitions throughout the state with the aim of combating obesity), or (3) both.¹³ My ultimate choice of five study coalitions providing possibilities for achieving a controlled comparison was informed by several factors. First of all, I considered geographic

¹³ The FPRC provided partial funding for the research described in this dissertation, as well as for additional information summarizing respondent knowledge of and reaction to the use of social marketing-based approaches to coalition function, as revealed in my interviews with coalition members.

representation, deciding against approaching a coalition that purported to represent an entire state, instead including only coalitions that represented individual counties or regional groups of counties. I then considered meeting regularity, choosing coalitions that meet on a regular basis, generally quarterly or more; and rejecting those whose meetings were irregular or postponed to fall outside of the study period. Finally, I considered each coalition's tenure of existence, excluding coalitions that had held fewer than two meetings thus far, as member ability to answer questions about coalition accomplishments would be greatly minimized. At the same time, I hypothesized that longevity of an individual coalition may affect member perspectives on participation and dissemination. As such, coalitions ranging from relatively new to several years old were selected).

Another Comparative Factor: Social Marketing and the FPRC

Each of the coalitions I considered including in this research either fully or tangentially owes its existence to the work of the Florida Prevention Research Center. There are no purely grassroots coalitions included in this research. As is common with contemporary coalitions, each of the groups in this research owes its genesis to the availability of grant funding specifically for coalition development. The FPRC was instrumental in either securing or helping other agencies to secure these grants.

In order to improve outcomes in light of the concerns about coalition function detailed in chapter one, the FPRC has worked to test the viability of social marketing as a template for guiding coalition research, decisions, and actions. The foundation for social marketing was laid in the late 1960s in public health, as marketer Richard Manoff, among others, began to apply marketing techniques such as audience segmentation to campaigns focused on improving nutrition (Ling, *et al.* 1992). At about the same time, Everett Rogers's *Diffusion of Innovations* advanced social marketing theory by exploring rates at which new ideas became diffused throughout a given population. This work provided further impetus for the combination of marketing and social change (Rothschild 1997). The term "social marketing" was first used by Philip Kotler and Gerald Zaltman in 1971, as these researchers investigated the viability of using key marketing concepts in attempts

to create health-based behavioral change.¹⁴ Spurred on by reports of successful social marketing-based programs promoting use of contraceptives, improved nutrition decision-making, and goal-setting for non-profit organizations, social marketing became accepted practice in public health by the late 1980s. Since that time, social marketing has grown in popularity, though this growth has come amid ongoing concerns about efficacy as well as ethics. Concerns about the tendency of social marketing campaigns to resort to victim-blaming, as well as about the potential use of social marketing as an agent of hegemony, have been present since the field's genesis. The many proponents of social marketing's use in public health, however, maintain that these concerns can be minimized through proper practice, which calls for extensive research into the needs and beliefs of target audiences (Ling, *et al.* 1992).

Two of the coalitions I have chosen to include in this research—Action for Youth and Bridges to Health—were specifically designed by the FPRC in cooperation with local communities as social marketing demonstration projects. These coalitions have been funded by CDC monies obtained by the FPRC. The FPRC refers to the approach that they have ultimately developed as “Community-Based Prevention Marketing” (CBPM), which is defined as “a community directed social change process that applies marketing theories and techniques to the design, implementation and evaluation of health promotion and disease prevention programs” (FPRC 2005:n. pag.). CBPM provides a specific list of steps (e.g., selecting the target audience, research, development of a marketing plan) to be accomplished at specific time intervals, which lends a sense of directionality to the coalition, particularly over the first 18 months of the coalition's existence (Bryant, *et al.* 2000). At the time of this research, both coalitions had moved beyond these first 18 months, meaning that coalition members still spoke of social marketing concepts, but did not necessarily follow all steps of the process in creating new interventions.

¹⁴ Social marketing-based approaches begin with selection of a target audience for behavioral change, followed by research revealing benefits of and barriers to adopting the change, followed by the design of a program meant to enhance benefits and/or mitigate barriers. Advertising campaigns for consumer goods are designed in a fundamentally similar way. Importantly, this dissertation research is not designed to evaluate social marketing practices. Further, though each of the study coalitions has been exposed to social marketing techniques through the FPRC, only two of the coalitions specifically used social marketing-related strategies during this research. While a link to the FPRC, however tangential, is a commonality for all study coalitions, use of social marketing is not. As such, I am not including a full discussion of the history and contemporary use of social marketing in public health here.

The majority of coalitions (both in this research and in general) do not use a model such as CBPM to guide coalition action. The remaining three coalitions chosen for this research, Community Health Partners, Delivering Active Lives, and Energizing Fitness, were neither designed nor funded as social marketing demonstration projects, and coalition leaders do not subscribe to any particular models of coalition function. The FPRC did, however, assist in writing the grant that initially funded the Partnership for a Fit Kentucky, thus inspiring the existence of these three coalitions. Further, coalition leaders participated in FPRC-led workshops designed to provide exposure to social marketing techniques. As coalition funding was not specifically tied to use of social marketing in these three coalitions, however, it is perhaps not surprising that coalition leaders decided not to adopt social marketing as a guiding force behind coalition decision-making. Some leaders do, however, report using or planning to use portions of their social marketing knowledge in individual coalition-derived interventions. In the end, ties to the FPRC unite all of the study coalitions, whether or not coalition leaders have chosen to utilize social marketing in coalition function. These ties are much stronger in Action for Youth and Bridges to Health than in the remaining three groups. As a result, it is possible for me to compare/contrast the effects of following a prescribed method of coalition development (or not) on ongoing participation and dissemination of ideas.

The Process of Choosing Study Coalitions

In order to select coalitions to approach, I had to have some knowledge of their functioning in the first place. This knowledge came from FPRC and Partnership for a Fit Kentucky staff, and, in some cases, from my discussions with coalition leaders either through prior coalition work, my assistance in social marketing trainings in Kentucky during 2004 and 2005, and/or my attendance at a statewide Partnership for a Fit Kentucky meeting on July 27, 2006. The leaders of a total of seven coalitions were approached for permission to conduct the study. I first contacted each leader in person or via e-mail in a brief conversation describing the research and my plans to observe two meetings and conduct confidential interviews with coalition members. Each of the leaders I approached indicated initial interest in the research. A formal follow-up letter (Appendix A) was then sent to the coalition leader. After giving time for the letter to arrive, I placed a follow-up e-mail or phone call to the leaders to answer any questions, to

solicit approval to add the coalition to the study, and, given approval, to determine the date of the next meeting of the coalition.

Two of the seven coalitions that began the approval process were ultimately disqualified. One coalition was disqualified after it became apparent that the coalition rarely meets as a whole and, instead, conducts the vast majority of its meetings in sub-committees, which would sometimes meet by phone instead of in person. Additionally, the coalition differed from other potential study coalitions in that it was governed by formal ties to a local mayor's office, which could potentially affect the ability to compare participation and dissemination across all study coalitions. The second coalition was disqualified after coalition leaders postponed a scheduled meeting three months, which made it impossible to conduct observation of two coalition meetings within the study period. Leaders of disqualified coalitions were informed via phone or e-mail of my decision to remove them from the study. Both disqualifications occurred early in the research, so no meeting observation or interviews took place with these two coalitions. Partnership for a Fit Kentucky staff were consulted after each disqualification to determine a new coalition to approach.

Descriptions of the Study Coalitions

A total of five coalitions—four located in Kentucky and one located in Florida—were successfully included in this research. I observed two meetings of each coalition and interviewed six members of each group, including group leaders. These interviews were conducted using a protocol, more fully described below, that calls for confidentiality. In order to ensure this confidentiality, the names and specific locations of the five coalitions will not be revealed in this document. There are several reasons for this emphasis on confidentiality. First, coalition members and leaders were extremely generous in answering my interview questions, giving detailed descriptions of their relationships with the coalition itself, with specific coalition members, and with their own agencies of employment. Their candor, although crucial to achieving a more complete understanding of participation and dissemination, would be potentially harmful were its source to be revealed. Second, though many of the study coalitions retain members from similar agencies (e.g., cooperative extension services, health departments, school systems, YMCAs), the identification of an individual's agency affiliation alongside the location of

the coalition would in some cases breach confidentiality by making the individual's identity clear to other coalition members. Coalition leaders would be especially vulnerable to such identification were coalition locations to be revealed. Third, each of the coalitions is beholden to an outside funding agency. This research is not meant as an evaluation of any of the coalitions but instead is an investigation of how participation and dissemination are perceived and practiced. This study should not be used by funding agencies to make decisions about coalition efficacy. (This research could, however, be used to support future studies arguing the value of qualitative analysis of participation and dissemination compared to outcomes-based evaluation of specific coalition-derived programs alone.) The existence of multiple coalitions with similar foci in both Kentucky and Florida further ensures confidentiality.

Social Marketing-Based Coalitions

The first two of the five study coalitions are united in that they have worked specifically with the FPRC to use social marketing as the foundation for coalition action. Both of these coalitions have benefitted from grant funding obtained through collaboration with the FPRC. FPRC staff members have been heavily involved in attending meetings, guiding coalition members through the FPRC-designed coalition social marketing process, and evaluating results of coalition-derived interventions. Action for Youth.

The longest running of the study coalitions, this coalition started in 1998 and is focused on the prevention of tobacco and alcohol use in teens. The coalition serves a single county with an approximate population of 360,000 (U.S. Census 2007).¹⁵ This was among the first of several coalitions the FPRC helped start. As such, the coalition has used social marketing explicitly. The group commissioned a large amount of local research to understand youth attitudes toward tobacco and alcohol use, and then it created a specific logo, slogan, and media campaign designed to encourage youth to avoid tobacco and alcohol. Initial funding for this coalition was plentiful; however, during the study period, the coalition was facing critical funding issues that resulted in concerns and doubts about the group's future from its members. In terms of attendance at meetings, the group is the smallest of the five coalitions studied. In addition, the coalition's leadership

¹⁵ Population numbers are rounded from 2006 Census estimates to preserve confidentiality.

structure is slightly different from the other study coalitions. Action for Youth has both a chairperson and a coordinator. The chairperson is responsible for moderating meetings and working with coalition members to advance coalition goals. The coordinator does much of the coalition's behind-the-scenes bureaucratic work (i.e., compiling and printing agendas, sending group e-mails, obtaining and distributing promotional items). The coordinator position was created through a partnership with the local health department, which accepts grant money to partially cover the coordinator's salary. The coordinator has non-coalition responsibilities as well.

Within organizational/business anthropology, Schwartzman (1993) encourages ethnographers to "describe the participants who interact with one another in a meeting, as speaker or sender, hearer or receiver of messages, and the relationships and responsibilities of these individuals to each other and also, possibly, to outside 'constituencies'" (64). As such, I've chosen to provide a brief overview of key participants and constituencies in my introduction of each of the study coalitions.¹⁶ The genesis of Action for Youth dictates ongoing heavy involvement from the FPRC as a funding source and near-constant evaluator. Because of this, technically-driven evaluation discourse was more frequently heard in this coalition than in the others. As of the time of my research, the FPRC's involvement had begun to wane concurrent with the expiration of grant lines supporting the coalition, causing several respondents to question the coalition's future viability. Another key participant in Action for Youth is the local health department, through which all funds for the group's programs and staff have been routed. With the FPRC showing signs of gradual departure, the coalition looked to the health department as its potential savior. Perhaps the most pressing concern for the coalition during my research was the announced transfer of the group's coordinator away from the coalition. As this position is housed in the health department, health department managerial staff would ultimately make the final decision as to who the new coordinator would be, and how much time the new coordinator would be able to devote to the day to day running of the coalition, given cuts in funding. Though other groups were represented, a final stakeholder of note in Action for Youth is the local school system.

¹⁶ These overviews are not intended to fully explain the panoply of participants and constituencies in each coalition, but instead to provide the reader with an understanding of key powerbrokers in coalition discourse.

Given the group's focus on youth, school-based representatives have been part of coalition discourse throughout the group's existence. Remarkably, however, this representation as of the time of my research consisted entirely of administrative and law enforcement staff, excluding teachers with their separate occupational demands. All coalition meetings are held at the administrative offices of the local school system. Bridges to Health.

This coalition, started in 2003, is focused on encouraging improved fitness and nutrition among 9-13 year olds. The coalition serves a single county with an approximate population of 270,000 (U.S. Census 2007). This coalition is one of the FPRC's most recent collaborative efforts and has fully adopted the CBPM model. As such, the group has undertaken a specific set of marketing-inspired tasks designed to accomplish selection of a target audience, gathered local research that identifies attitudes toward fitness and nutrition among youth and their parents, and designed and implemented a series of programs designed to accomplish coalition goals. By the study period, the coalition had emerged from the mechanical formality of the CPBM process and was working to maintain and improve existing programs while considering future directions in light of the gradual phasing out of the initial funding stream. The coalition is led by an independent health consultant who is paid through the FPRC. This leader was present at the coalition's genesis. In terms of dissemination of programs into the community, this coalition was the most active of the five studied.

Analysis of key participants and constituencies associated with Bridges to Health reveals extensive involvement from the local health department, which controls all grant monies associated with the group. The coalition leader is a former manager in the health department, having recently retired from this position. All coalition meetings during this research were held at the health department, ensuring large representation from department staff, from community health workers to managers. As with Action for Youth, the FPRC maintains some say in the activities pursued by Bridges to Health, though distance along precludes physical representation of FPRC staff at each meeting. This coalition still receives funding from the FPRC for programs and the leader's salary. As such, evaluation remains a component of the discourse surrounding this coalition, but less commonly so than with Action for Youth. Aside from the health department and

FPRC, representatives from a local university are well-represented, though these individuals bring more application than theory to the meetings. The local YMCA is a key player in the group, as well. Finally (though again, other groups are represented), local government is represented through parks and recreation. This contact, as well as existing networks maintained by the leader and others, helps ensure some degree of governmental cooperation with coalition programs.

Non-Social Marketing-Based Coalitions

The next three coalitions selected for inclusion in this dissertation research are all part of the Partnership for a Fit Kentucky, a CDC and Kellogg Foundation grant-supported program housed within the Kentucky Cabinet for Health and Family Services. In 2004, the FPRC worked with Kentucky Health Cabinet officials¹⁷ to write a CDC grant that called for a series of regional obesity forums to be held throughout Kentucky. These forums were heavily advertised in local newspapers and through word of mouth in the social services community, and the forums created an opportunity for individuals concerned about local health issues relative to obesity (e.g., availability of local walking paths, worksite wellness programs, physical activity options in schools) to meet with Health Cabinet officials and local leaders to discuss the issues. In each region, meeting attendees created a ranked list of the issues they would most like to address. As an example, the following is the list of issues created by attendees of the obesity forums that led to the creation of study coalition Delivering Active Lives:

- Encourage healthy food options in schools
- Encourage exercise programs in workplaces
- Encourage healthy food options in vending machines
- Encourage physical education in schools
- Encourage smaller portion sizes at restaurants

After the forums, Health Cabinet officials worked with local public health leaders in each region to create a coalition designed to specifically address the issues chosen by obesity forum attendees. Once recruited by Health Cabinet officials, coalition leaders set about the task of building the coalition using the obesity forum attendance rosters and other local contacts.

¹⁷ Health Cabinet officials were not interviewed in this research, but they were consulted as the interview schedule was designed so this research would be of maximum benefit to their ongoing attempts at coalition-building statewide.

Early in the coalition-building process, coalition leaders from around the state attended one or more training sessions, conducted by FPRC staff, designed to provide skills in coalition leadership. Training session agendas were focused on means of arriving at coalition-derived community health interventions through the use of social marketing. Coalition leaders were encouraged to consider the use of social marketing techniques in the development of coalition-derived interventions, but they were not afforded the financial and staff support necessary to fully implement CBPM.¹⁸ As a result, the study coalitions below differ from Action for Youth and Bridges to Health in that their work is not guided by a formal series of social marketing-based steps. Instead, coalition leaders are acting on instinct and experience in directing their groups and are viewing social marketing quite informally as if it were a tool that could be used should it seem beneficial at some point in the coalition's work. To reiterate, it should be understood that this approach to coalition function is the norm and not the exception. The formalized models used by Action for Youth and Bridges to Health are rather anomalous in contemporary public health coalitions.

Community Health Partners.

Started formally in 2005, the groundwork for this coalition was laid at two regional obesity prevention meetings held in August of 2004 and November of 2005. This multi-county coalition represents a population of approximately 330,000 (U.S. Census 2007) and is the most active of the newer coalitions in the study in terms of variety of topics addressed in achieving its overall goal of obesity prevention. The region the coalition purports to represent is largely rural with the exception of one small city of about 25,000 people. This coalition has one unpaid leader—an employee of a regional public health agency. At the time of this research, the coalition was assisting in the development of wellness programs in local workplaces, was working with local school cafeteria managers to provide different fruit and vegetable options to students, and was forming subcommittees of members to help with these areas. Community Health Partners

¹⁸ State-level Partnership for a Fit Kentucky staff worked to secure grant funding to support specific coalition-designed interventions. During the study period, much of this funding came from the Kellogg Foundation-supported Action for Healthy Kids program, which provided small grants (e.g., \$25,000) to the state office, which then distributed the monies in increments (e.g., \$2000-3000) to each coalition.

meetings were the most heavily attended meetings I encountered in this research, perhaps owing to the leader's affiliation with a regional, as opposed to local, health agency.

Key participants and constituencies observed at meetings of Community Health Partners included both the leader's regional health agency and local health departments. Multiple representatives of each of these groups could be reliably expected to attend each coalition meeting, owing in part to concern in the region about access to scarce resources, including grant funding for programs. As a result of this competition, the relationship between these agencies might be best characterized as cautious. Representatives of local cooperative extension offices were also present and quite influential in coalition meetings. Fewer representatives of local school districts were present at the meetings I observed, but can be considered important constituencies nonetheless as a large amount of coalition discussion revolved around changes to school programming and policy. As there were well-attended meetings, there were certainly participants representing other agencies, as well, though the voices of these members tended to be slight in the face of more active participation from health agencies and extension. Still, the presence of these individuals provides a potential foundation for the encouragement of more diverse coalition participation. Further, the group was among the most open of the five study coalitions in discussing means of expanding coalition membership to achieve broader representation from physicians, parents, and local school districts.

Delivering Active Lives.

Also started in 2005 and rooted in regional obesity forums held in August of 2004 and October of 2005, this multi-county coalition started quickly by planning and hosting regional workshops on obesity prevention in March of 2006 and again in March of 2007. In these workshops, social services sector representatives from throughout the region gather for a day of presentations and information exchange about health-related topics. Aside from the workshops, the coalition is working to create an internet-based clearinghouse for information on local efforts to combat obesity. The coalition, which represents a largely rural area with a population of approximately 280,000 (55,000 of which live in the city where coalition meetings tend to take place and another 27,000 living in a nearby suburb of a city in a neighboring state) (U.S. Census 2007), is led by two unpaid co-chairpersons. One co-chairperson works for a local public health

department, and the other is an independent health consultant. Both leaders are quite busy in these jobs, and openly hesitant to remain in leadership. Delivering Active Lives is the least diverse of the newer coalitions in this study.

Though a handful of others attend, the most influential participants and constituencies on the Delivering Active Lives coalition are a local health department and the region's cooperative extension offices. The local health department serves at once as employer of the group's co-chairperson and site of coalition meetings. Cooperative extension, however, is represented by far more individuals at coalition meetings because a local extension manager has asked each county extension office in the coalition's region to send a representative to each meeting. Much of the planning work done in this group happens outside of coalition meetings, either by one of the co-chairpersons, one co-chair alongside her staff at the health department, or a "steering committee" composed of both co-chairpersons, the extension manager, and a professor at a local college. Energizing Fitness.

The last coalition added to the study is also the youngest, starting in early 2006 after regional obesity forums in August of 2004 and March of 2006. This multi-county obesity prevention coalition serves a largely rural approximate population of 240,000 (U.S. Census 2007) and has gained early momentum through the offering of small grants to local agencies and the successful compilation and distribution of a list of programs being utilized by various agencies in the region to combat obesity. At the time of this research, the coalition's unpaid leader was an employee of a county health department.¹⁹ The coalition often meets in the region's largest city, which has a population of about 22,000. Areas of primary focus for this group include increasing school physical activity options and promoting worksite wellness programs. In addition, the coalition has held a regional conference on improving availability of walking/biking trails and was planning to hold a second conference on the same topic as this research concluded. Key participants and constituencies in this young coalition include local health departments (the leader's health department being the most active), cooperative extension, and

¹⁹ Shortly after the conclusion of my research, the coalition leader took a job outside of the health department and resigned her post as coalition chairperson. A replacement leader was not immediately chosen and momentum for this group was lost. At the time of this writing, Partnership for a Fit Kentucky staff are working to reassemble this group.

representatives of local school districts. Efforts were being discussed to increase representation from the local business community, as well.

A final constituency of clear importance to Community Health Partners, Delivering Active Lives, and Energizing Fitness is that of the four state health cabinet officials hired to administer the grant that inspired the birth of each of these groups. One or more of these individuals was present at nearly every meeting of these coalitions. During the meetings, these officials were looked to as sources of information about available grant money, new policies at the state level, and means of achieving improved coalition outcomes. Crucially, it was evident that these officials also had the capacity to determine the content of any given meeting. For instance, Community Health Partners and Energizing Fitness meetings I attended focused in large part on the topic of worksite wellness, corresponding with the recent hire of an expert in this topic to the state health cabinet team. There was little evidence of a demand for this knowledge on the part of the coalitions themselves, though some would go on to create positive community change along those lines.

As is common with coalitions, each of the coalitions in this research is sponsored by a local health department or regional health agency (grant funding in each case is officially handled by sponsoring health agency), but each coalition includes representatives from several community agencies and other stakeholders. However, the breadth of this representation varies and is a focus of this research. While the several similarities between the coalitions have increased the comparability of the study sample, differences between the coalitions yield much of the data sought in this research. Each coalition differs in approaches taken by leaders to moderate and maintain the group, coalition achievements, and diversity of participation, and, of course, location. These differences underlie differences in the achievement of communicative action in each coalition and make it possible to derive a list of predictive factors associated with participation and with dissemination of coalition-derived ideas.

Methods

As explained in detail in chapter one, there is need for an improved understanding of participation and dissemination of ideas in coalition practice. To frame this dissertation research, I am using Communicative Action Theory alongside a desire to

build upon the Community Coalition Action Theory to expand the existing coalition knowledge base and reveal means of improving coalition practice. To accomplish these goals, I have chosen to employ a qualitative, comparative study of five coalitions. Butterfoss (2007) notes a “reluctance to accept qualitative methods of evaluation” (90) in coalition research and suggests that such reluctance must be overcome if coalition practice is to be improved.

In a chapter discussing the importance of community involvement in primary health care, Mark Nichter (1999) suggests that qualitative methodologies such as participant observation and interview technique are more effective than quantitative survey methodologies in revealing barriers to community involvement in primary health care. Additionally, in speaking of research partnerships between universities and community groups, Jean J. Schensul (1999) posits that “epidemiologic research methods and randomized outcome evaluations are a logical extension of their [community service providers’] experience and knowledge base, but they do not answer many of the questions service providers have regarding what clients need and what makes services function more effectively” (279) and calls for the use of qualitative methodologies in seeking to create improved understanding of local needs and motivations. I believe that Schensul’s assertion is equally true for coalitions, as much of the current coalition knowledge base is understandably reliant on quantitative evaluative methodologies commonly utilized in public health. Quantitative methodologies “emphasize the measurement and analysis of causal relationships between variables, not processes,” whereas the qualitative methodologies I have chosen to employ for this research “seek answers to questions that stress *how* social experience is created and given meaning,” (Denzin and Lincoln 2000:8, emphasis in original). In considering factors influencing coalition participation, as well as the means by which coalition-derived ideas are disseminated, it is indeed logical to choose a methodology that focuses on process and social experience.

The comparative dimension of this research is supported in public health by Israel, *et al.*, who suggest: “Despite the extensive body of literature on partnership approaches to research, more in-depth, multiple case study evaluations of the context and process (as well as outcomes) of community-based research endeavors are needed”

(1998:194). Again, I believe that this suggestion, although originally offered in the broader context of public health research partnerships, is particularly germane to coalition practice. Much of the existing coalition literature consists either of single coalition case studies or after-the-fact meta analyses of these case studies (Spoth and Greenberg 2005), and a comparative approach may well serve as an improved means of understanding barriers and contributors to coalition participation and dissemination of ideas. Of course, comparative studies have long been a staple of the anthropological endeavor, or, as Ronald Cohen succinctly states: “Anthropology is comparison or it is nothing” (1989:247).

While I have been unable to locate examples of anthropological methodology applied specifically to public health coalition research, there is clear precedent for combining participant observation with targeted individual interviews in anthropological studies of public health programs in general. In her study of authoritative knowledge as evidenced in different childbirth education courses in Italy, Suzanne Ketler (2000) combined observation of communications and interactions in the courses with life history interviews. Interview respondents included course attendees (mothers-to-be) and leaders (midwives). Ketler took written notes about the information exchanged within and between course attendees and course instructors and used those notes as the foundation for individual unstructured interviews. Ketler’s use of these methods to examine authoritative knowledge²⁰ in the childbirth education setting is not unlike my own goal of understanding how coalitions work to achieve universal norms.

Anthropologist Holly Mathews (2000) has used similar techniques to create a longitudinal study of a grassroots breast cancer self-help group in North Carolina. Working under the theoretical aegis of cognitive anthropology, Mathews sought means of overcoming cognitive dissonance between cancer patients who are confronted with different cultural explanatory models (i.e., biomedical beliefs, spiritual beliefs, etc.). Her research combined participant observation at group meetings with ongoing interviews

²⁰ Anthropologist Brigitte Jordan describes “authoritative knowledge” by stating:

The central observation is that for any particular domain several knowledge systems exist, some of which, by consensus, come to carry more weight than others, either because they explain the state of the world better for the purposes at hand or because they are associated with a stronger power base. (1993:152)

with group members to ascertain the role of such groups in achieving what she termed “shared cultural understanding,” and that I refer to as “universal norms” given the theoretical perspective of this research. Mathews’s research goals are similar to my own desire to improve the ability of coalitions to combine the experiences of a diverse membership base so that effective communicative action may be achieved. Although emergent from a different theoretical perspective, Mathews’s principal argument is quite similar to the argument Habermas proposes about the importance of full exchange and compromise in Communicative Action Theory, as contained in this statement:

Where the isolated individual often minimizes dissonance by finding ways to avoid specifically recognizing or thinking about conflicting beliefs, groups of individuals that come together for some common purpose must confront these differences of opinion and belief and find some way to handle them. (Mathews 2000:399)

Although the “groups of individuals that come together for some common purpose” we study differ, I believe that the qualitative methods that Mathews used are ideal in both situations.

A third anthropological study justifying my decision to combine participant observation with interviews was conducted more recently by Kate Hampshire, *et al.* (2005). Specifically, the authors combined participant observation and targeted interviews in a study of power relations in a Northern England project designed to train community residents to research local health and social needs. To better understand shifting interests and agendas specific to particular stakeholder groups (e.g., health agency representatives, university representatives, community members), the authors purposely interviewed a diverse array of stakeholders, in addition to observing program meetings. Similarly, I have decided to interview specific (targeted) groups of stakeholders within each coalition because evaluating the expectations and perceptions of groups that are often marginalized in coalition discourse is important in understanding means of improving a coalition’s ability to represent a community.

Using these studies as justification, this research uses the following methodologies:

- 1) *Participant Observation of Coalition Meetings* in which coalition meetings and events were observed and fieldnotes were developed to build rapport and to provide context for data revealed in the interviews.
- 2) *Targeted Individual Interviews* in which coalition leaders and members were interviewed regarding coalition outcomes, participation, and the extent of their communicative action involving coalition ideas in and out of the coalition.

Participant Observation

Each of the coalitions in the study sample has regularly scheduled meetings of the full coalition (as opposed to meetings of sub-committees). These meetings occur either monthly (Action for Youth, Bridges to Health) or quarterly. I attended two such meetings for each of the coalitions and took detailed fieldnotes (Bernard 1995). These fieldnotes include information about setting and event description, as suggested by Schensul, Schensul, and LeCompte (1999). I paid specific attention to who was and was not present, leadership style and meeting conduct, specific examples of dissemination of ideas, discussion of coalition-derived programs, and other impressions regarding communication (e.g., the presence and prevalence of side conversations, an identification of the individuals who tended to speak most/least, the suitability of location/arrangement to fostering input from everyone, and other observations of use in furthering the understanding of factors that encourage and discourage participation and dissemination of information).²¹

The goal of this portion of the research was to develop a set of descriptive accounts that facilitated the understanding of interview responses and the development of interview probes pertinent to each individual coalition (while avoiding over-reliance on personal impressions as data). In addition, I sought data relevant to my understanding of coalition discourse (e.g., elements of meetings that seemed to encourage or discourage

²¹ As stated in chapter one, communicative action is operationalized in this research as conversations and reports of conversations, whether at or outside of coalition meetings, having to do with achieving coalition goals. Such examples of communicative action include (1) a heated conversation at an Action for Youth meeting that I observed in which members debated their choice of finalists in a coalition-sponsored competition for local high school students who designed anti-drug public service announcements and posters, (2) an announcement at the same meeting that sought assistance for an after-school program aligned with coalition goals, and (3) a coalition member interview responses describing the influence of coalition-derived ideas on activities within the agencies the respondents represent.

communicative action). Further, I used my observations from the first meeting of each coalition I attended to determine some of the individuals I would interview later in the research (I consulted with coalition leaders to determine other respondents). Additionally, my presence at coalition meetings was an important factor in establishing rapport because I always attended a meeting of a given coalition before doing any interviews with members of that group. For instance, at the beginning of the first meeting of Energizing Fitness that I attended, I noted the following encounter, as excerpted from my fieldnotes:

L begins the meeting in a gentle way, standing in front of the room for a few minutes and making small talk with seated members while waiting for side conversations to stop. L looks at the member I've been chatting with, jokingly saying "Be careful [Mike]. He's going to draw you into his research!" L and I then begin to chat about anthropology, picking up several active listeners in the process. . . . L reiterates her enjoyment of anth, and I share with her my favorite quote from a [New York City coalition] colleague about studying "strange" things. At this point many in the room, now fully tuned into our conversation, laugh, prompting L to formally start the meeting. I very much appreciated the boost in felt rapport I perceived from the brief and open conversation.

In each coalition, I was given the opportunity to describe my research to those present and to answer any questions the members posed (there were few). Each time, I shared my name and affiliation, indicated that I was interested in learning more about what allows coalitions to be successful in combining the perspectives of people from many walks of life to change local health behaviors, and emphasized the confidentiality of the research. I finished by sharing that the project had been approved by the University of Kentucky Institutional Review Board for human subjects research. I then invited questions. I welcomed these opportunities to explain my presence, and coalition leaders and members seemed to appreciate a slightly elevated sense of coalition importance (whether real or imagined) due to the fact that the coalition was being researched.

To ensure confidentiality, coalition participants were identified only by a number and an agency identifier (e.g., health department, school, YMCA, etc.) in the fieldnotes themselves. According to protocol, I recorded the names of those in attendance alongside their numerical identifiers on a separate sheet that was kept in a locked cabinet separate from the fieldnotes themselves. This allowed individual actions as recorded in the fieldnotes to be matched with individuals who ultimately participated in the interview component of the research. The sheets linking coalition member names to their numerical

identifiers in the fieldnotes have since been destroyed in accordance with approved protocol. Specific individual signed informed consent documents were not required of those in attendance at the meetings I observed because these were public meetings.²² It was, nonetheless, important to me that those present had an opportunity to object to my presence, hence the brief summary of my research goals and procedure during each meeting I attended. I have been made aware of no objections to my attendance at coalition meetings either during the meetings or since.

The fieldnotes, which I handwrote during and after the meetings, were typed into a total of ten individual word documents (one for each meeting I attended). Later, I coded the fieldnotes using the N6 qualitative data analysis software package. I have ample experience with this program because I used it during my work as part of the research team with one of the study coalitions. In the N6 fieldnote analysis I used free nodes to code general topics, alongside tree nodes for coding discussion of projects specific to each coalition. In this case, I used five free nodes referring to statements and discussion regarding coalition goals and direction (“goal”), evidence and analysis of coalition leadership (“lead”), records of number of people in attendance and diversity of groups represented (“attend”), evidence of idea sharing (“idea”), and descriptions and comments about meeting location (“set”).²³ Then, I created a series of tree nodes to identify discussion of specific programs undertaken by each coalition. There was, of course, one tree for each coalition, under which I coded the discussion of fourteen separate coalition programs that were discussed during the meetings I attended for this research. Coding discussion of programs separately allowed me to match program discussion to “mentions” of the programs in the individual interviews, which improved my understanding of member perceptions of programs while allowing the programs to be more clearly described as case studies in this document.

I have used these coded datasets alongside interview data to compare and contrast the different coalitions. My participant observation has been particularly important in providing firsthand experience of the process of idea sharing in each group because different leadership styles and even different types of agency representatives in

²² This element of research protocol, as well as all protocol described in this document, has been approved by the University of Kentucky Institutional Review Board, protocol number 06-0463-P4S.

²³ A full list of codes used can be found in appendix B.

attendance seem to affect the amount of idea sharing that takes place. For instance, some of the study coalitions are largely driven by the desires and ideas of the coalition leader, while leaders of other coalitions are purposely careful to avoid insertion of their own ideas. Additionally, participant observation is crucial to my understanding of the history of coalition programs developed at least in part during the meetings that I observed; indeed, one of the Delivering Active Lives meetings I observed was a program—the coalition’s second annual regional workshop. Participant observation ran from July 2006 through March 2007.

Semi-Structured Interviews with Coalition Leaders and Members

After having read and signed the appropriate informed consent documents (appendix C), a total of 30 adult coalition members and leaders participated in semi-structured interviews covering a variety of topics related to participation and dissemination. Interviews lasted between 40 and 90 minutes, with the majority of interviews lasting about 60 minutes. A purposive sampling strategy was employed to ensure that this research was informed by a broad range of perspectives (Trotter and Schensul 1998). Respondents were selected to ensure that the following categories of individuals, when available, were interviewed in each coalition:

- (a) one or more coalition leaders (Delivering Active Lives has two co-leaders, and Action for Youth has both a chairperson and a paid group coordinator);
- (b) a coalition member identified by the leader as “active”;
- (c) a coalition member identified by participant observation as active;
- (d) a coalition member identified by participant observation as present but inactive (an individual fitting this category was not identified for Bridges to Health because of the high levels of participation from all members in the meetings I attended; the coalition leader was similarly unable to think of an individual in the coalition who would fit this category);
- (e) a coalition member identified by the leader as rarely/no longer attending (the leaders of Delivering Active Lives could not identify a respondent for this category);
- (f) coalition members representing potentially marginalized groups, e.g., representatives of agencies not ordinarily represented in public health

coalitions (Action for Youth has no such members because of the current small size of this coalition. As of this research, Community Health Partners consisted entirely of representatives from health agencies, cooperative extension, and schools, although efforts to expand diversity of membership were discussed during the meetings I attended); and

- (g) coalition members who may provide additional data of value to the research (leaders of two coalitions – Bridges to Health and Community Health Partners – identified members whose insight they deemed important to the research, but who did not necessarily fit into one of the above categories).

I asked a leader of each coalition to identify potential respondents in categories (b) and (e); in addition, if I had not noticed anyone who specifically fit category (f) at the first coalition meeting I attended, I asked the coalition leader about that as well. Contact information for all potential respondents was obtained from coalition leaders and has since been destroyed.

I contacted chosen respondents by telephone or e-mail and informed them of their selection as a potential respondent. I did not explain their respondent category or who chose them to participate. I described the scope of the research, the types of questions to be asked, the confidentiality of the interview, and the potential length and location of the interview. If the respondent was interested in participating in the interview, then the two of us scheduled the interview for a time and location convenient to her. Typically, the interview occurred within the few days surrounding the second coalition meeting I would attend. I conducted three of the interviews (two for Energizing Fitness and one for Action for Youth) by telephone in accordance with approved protocol because those three respondents were unable or unwilling to schedule an in-person interview.

Prior to each interview, I presented each potential respondent with the approved informed consent form and allowed sufficient time for respondents to fully read the form and ask me any questions they had about the research. Respondents who consented to the interview signed the form. Signed forms, bearing signatures of respondents and of myself as researcher, remain in a locked filing cabinet separate from all research data in accordance with approved protocol. All interviews were tape recorded using a Sony M-2000 microcassette recorder augmented by a Crown Soundgrabber II condenser

microphone. Cassettes were labeled by interview date, coalition location, and interview number. During my subsequent data analysis, I matched interview numbers to respondent type for each interview.

I developed the interview schedule itself based on the research goals identified at the end of chapter one. Because of the applied nature of this research, I also gave the FPRC and Partnership for a Fit Kentucky staff the opportunity to tell me what they would like to know about participation and dissemination in coalitions. Their desires to know more about how coalition participation can be maintained and how coalition programs can better meet the needs of community members are prominently featured in this research. Butterfoss and Kegler's (2002) Community Coalition Action Theory was also consulted in the development of the interview schedule in an effort to align this research with existing coalition theory. The schedule is divided roughly into sets of questions regarding the respondent's tenure and level of participation with the coalition, motivation for participation, perception of the coalition's goals and accomplishments, dissemination of coalition-derived ideas outside the group, thoughts on adequacy of group diversity, and thoughts on the group's future. Specific attention was paid to probing questions about coalition history and program development in interviews with coalition leaders, which resulted in slightly longer interviews with these individuals. The interview schedule used for all interviews in this research can be found in appendix D.

The interview schedule was pre-tested with two respondents using the cognitive interviewing ("think out loud") technique²⁴ (Drennan 2003). Pre-test interviews were not tape recorded and data obtained from them are not used in this research. One respondent is a member of Bridges to Health, and the other possesses coalition experience but is not a member of any of the studied coalitions. Interviews with coalition members and leaders began in October 2006, and continued through March 2007.

The tape recorded interviews were transcribed into Microsoft Word and coded using N6. Interviews for Action for Youth and Bridges to Health were transcribed by an outside party contracted by the FPRC due to that agency's interest in findings for those

²⁴ In this pre-testing technique, knowledgeable respondents are guided through the proposed interview questions and asked to share all their thoughts as they contemplate answers to interview questions. The goal here is to identify alternate or unanticipated meanings of questions from the respondent's perspective, allowing the researcher to adjust question wording to accurately reflect the intent of the question.

particular coalitions.²⁵ I transcribed the remaining interviews. All names of coalition members and leaders (and in some cases, proper names of agencies, if I believed that the agency name could be easily associated with a specific coalition member) were removed during transcription. As with the fieldnotes, I used a strategy combining free nodes and tree nodes to code the 647 pages of interview text in N6. A total of 49 free nodes were used (see appendix E). Some of these free nodes allowed me to break interview responses up according to specific questions in the interview schedule and specific types of responses to these questions, while others were more general in nature, allowing me to identify trends in perceived group diversity and ideas for more effective dissemination of ideas. The free nodes I used fall under the broad domains of: evidence of communicative action, rationale for participation, suggestions for coalition improvement, barriers to communicative action/participation, comments (if any) on the coalition's use of social marketing, positive and negative aspects of coalition involvement, assessment of coalition leadership, description of coalition-derived programs, and involvement in coalition-derived programs. Tree nodes began with one tree for each coalition, under which I coded discussion of nineteen separate coalition programs that were discussed in the interviews.

Coding interview data allowed me to compare and contrast experiences and outlooks on participation and dissemination by respondent type and agency affiliation, as well as between individual coalitions. Importantly, different pictures of participation and dissemination emerged in each coalition's dataset, which meant that interview and participant observation data would allow for comparison between coalitions to see what elements of individual coalitions respondents believe are helping or hampering participation and dissemination. Themes also emerged in statements on coalition setting, leadership, and other factors that varied between the coalitions. These themes can then be compared to evidence of coalition participation and participation. Finally, when combined with participant observation, the interviews provide different perspectives on the coalition programs that I have chosen to detail as case studies, giving the research

²⁵ I retain control of the data but have shared my findings regarding the coalitions with the FPRC in a separate report. This report discussed the benefits and consequences associated with the use of social marketing in coalition practice and was based on social marketing-related questions I asked of all interview respondents, as well as on my observation of coalition meetings.

added perspective by offering evidence of the process and end result of communicative action within the coalitions. At the same time my analysis of the interviews provides interesting fodder for ethnographic writing because it allows study data to be presented in part as more readable narrative as opposed to a series of descriptions of coded statements (Stake 2000).

Applying the Research

In addition to writing this dissertation, I have shared data from this research with the FPRC, Partnership for a Fit Kentucky staff, and leaders of each of the study coalitions. These reports have been created in accordance with approved IRB protocol, including the maintenance of confidentiality. The FPRC report, as mentioned earlier in this chapter, discusses benefits and consequences associated with the use of social marketing in coalition practice and is based on social marketing-related questions I asked of all interview respondents and my observation of coalition meetings. Portions of this dissertation relative to Community-Based Prevention Marketing have also been shared with the FPRC to assist in grant renewal.

The reports I have made to coalition leaders summarize my findings regarding means of improving diversity of participation in coalition activities, identifying and fulfilling expectations coalition members hold regarding their own coalition participation, and improving opportunities for dissemination of coalition-derived ideas to broader discourse communities. These reports consist mostly of excerpts of this dissertation that have been augmented by an executive summary of findings and recommendations tailored to specific coalitions. Of course, the full dissertation will be made available to coalition leaders, as well. These reports are not meant as evaluations but instead as expressions of the many excellent ideas generated by coalition members themselves. Although I have not followed the study coalitions to judge whether these reports have had any influence, it is my hope that coalition leaders are able to use these insights to improve coalition function in the short term. I see my sharing of data derived from this dissertation research as a fundamental responsibility of the anthropological endeavor, which is wholly dependent on the generosity and forthrightness of respondents.

Limitations

There are, of course, limitations inherent in a qualitative-only research design. This research cannot be considered to be statistically representative in any way, which is a notion at odds with the expectations of most public health research. In addition to the fact that a large amount of quantitative coalition research has already taken place over the last two decades or so, limitations in time, funding, and experience in statistical analysis are all behind my decision to pursue qualitative-only research for this project. Ideally, causative factors revealed by this dissertation research can be explored using combined methodologies at a later date. At present, however, it should be noted that it is not the intent of this research to obtain a statistically significant sample of coalition members. Instead, this research exists as an attempt to qualitatively explain possible reasons for differing levels of participation and dissemination between the five coalitions, as those differences pertain to the achievement of universal norms through communicative action.

This research is also potentially limited in that each of the coalitions studied has experienced similar training and guidance, which could result in the research findings being less applicable to coalitions using different organizational models. An additional limitation is the sample size. However, the majority of coalition studies discuss “one, or at most, a handful of coalitions” (Spoth and Greenberg 2005:109), making a comparative study including five coalitions a useful addition to the coalition literature.

Another possible limitation of this research is differences in time of existence for each coalition. This limitation would be particularly important were any of the sample coalitions in early stages of organization and recruitment. This is not the case for any of the coalitions involved in this study. Each of the coalitions has reached a phase of existence where communicative action is both commonplace and measurable. While it would be ideal to compare coalitions who are all at the same duration of existence, it is likely that such a comparison group does not exist. Further, the comparison of coalitions at different phases of existence yields additional insight into dissemination and ongoing challenges in encouraging participation.

Finally, as with all research, researcher bias is possible. I have, after all, spent a one-year period working with one of the study coalitions as part of its research team and had brief contact with members (typically leaders) of some of the other coalitions as a

result of my presence at CBPM trainings and/or a Partnership for a Fit Kentucky statewide meeting prior to beginning this research. While the reality of enhanced rapport with respondents with whom I have worked previously is unavoidable, every effort has been made to exclude my prior work, including fieldnotes from prior meetings, from this dissertation research project.

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Chapter Three: “We Are the Invisible Ones:” Achieving Diversity of Participation

Community-based research in and of itself will not resolve broader social issues, such as racism and economic inequalities. Differences in beliefs and social inequalities enter into community-based research relationships, just as they do in other forms of research. That they are made explicit in community-based research, and that the research process attempts to grapple with them and their implications for the construction of knowledge and the development of effective strategies for change, enhances the potential for community-based research to address social inequalities associated with differentials in health status. (Israel, *et al.* 1998:194-5)

There is a fair amount of laughter in the air at a meeting of Bridges to Health as the twenty people present begin to take their seats around the semi-circular arrangement of tables in the front half of the health department’s long, rectangular-shaped conference room. A few members take an opportunity to grab coffee, water, or a yogurt parfait (a healthy mixture of vanilla yogurt, granola, and thawed frozen strawberries and blueberries) from the table at the front of the room, while others, some somewhat breathlessly, chatter about questions they’d missed a few moments ago when a kinesiology educator led the group in the same science and math physical activity games he encourages in schools, where group members stand in place, jog in place, or stretch depending on the answer to the question. This physical activity break has served its purpose – I note that group members are clearly in good spirits and ready to focus on the next topic on the agenda.

Amanda, a representative from the state health department, states that a national trainer for “Turn Off the TV Week,” a program designed to increase physical activity among school-aged children, will be in the state next week. She apologizes for the short notice, but asks if coalition members would be interested in receiving this training so that the special week could be celebrated by local agencies and families. There’s an additional problem, however. Owing to the short notice, Amanda has been unable to find a suitable location where the training can be held.

There is an affirmative murmur in the room as coalition members agree that this is a desirable opportunity for the coalition. Coalition chairperson Linda, taking note of this agreement, leads the coalition in a brainstorming session, asking if anyone has ideas about facilities that could host the training session. One member suggests that this is also the “Week of the Very Young Child,” and that she was going to promote booster seats in

her agency, but would promote “Turn Off the TV Week” instead, making activities in her facility available free to the community. Other members offer to check about the availability of auditoriums at local hospitals and libraries. A representative of an agency that works closely with local schools notes that the coalition should approach schools regarding cooperation soon, as with both testing and spring break in April, there is a “hands off the schools” mentality. Janice, a YMCA representative, agrees, noting that her facility is packed during spring break for the same reason. Linda wonders aloud whether 4-H clubs would be a good way to spread word about the program, prompting an extension representative to volunteer to send information about the program to all extension agents in the state.

Linda turns to Janice to ask how the YMCA might be involved in promoting “Turn Off the TV Week.” Janice responds that perhaps they could have afternoon activities that are on a list of “101 activities to do instead of watching TV” that Amanda has started passing around the room. A few members of the coalition add that local YMCAs could also help promote the week with signs or handouts at their gyms. This prompts a member who works with a local food ministry to offer to promote the program through childcare sites and afterschool programs. Another group member mentions that nutrition promoters in the area could hand out information, prompting two health department representatives to offer nutrition classes and WIC sites as venues for promotion. A member adds that clinics and physicians, especially pediatricians, at a local hospital center could put up fliers and/or books in their waiting rooms.

During this conversation, Betty, a health department staff member, leaves the room and calls a library, inquiring as to the availability of their auditorium for the proposed training event next week. Betty returns a couple of minutes later, sharing that the facility is available from 8:30 to 10:30 am on the day in question, and that free parking is an added benefit. Several members seem quite pleased with this location, so while no particular vote is taken, it seems clear that the consensus is to use the library space. Linda announces the date and time of the training session, several coalition members make notes in their appointment books, and Amanda smiles, clearly pleased by the coalition’s quick work.

In the meantime, in the same community, Muriel goes about her daily work as a health advocate for the area's predominantly Hispanic immigrant population. She has received e-mails informing her of the coalition meeting taking place, but has chosen not to attend. Muriel, though an active participant in the early days of Bridges to Health, has stopped participating in coalition meetings, as she believes that the coalition has not made sufficient effort to include the voices of the marginalized and others outside of the social services sector in the planning and implementation of interventions.

I like to see people from the community because they are the ones that whatever decisions we are going to make are going to impact that community. So it shouldn't be me going there and sitting and thinking 'what needs to happen'? We need people from the community that have children in the schools. . . . These are the ones that need to be sitting in those tables. And they are not. They are not being invited.

In our interview conversation, Muriel shared with me the feelings of token-ness and frustration that ultimately led to her decision to stop participating in Bridges to Health, thus further minimizing the representation of marginalized groups in coalition discourse. She is concerned that the coalition doesn't do enough to overcome the language and cultural barriers that keep coalition-designed interventions from reaching the populations with whom she works. When she expressed these concerns in coalition meetings, Muriel claims that her ideas were not heeded. She does continue to read coalition e-mails, and has worked with other leaders in immigrant communities to implement physical activity days for youth and families using ideas she has taken from coalition discourse, but Muriel is no longer engaged in that discourse herself.

Chapter Overview

No coalition is perfect. Bridges to Health appears to me to be one of the most effective coalitions I've studied, as group members are enthusiastic about their participation, happy with the leader, and thoroughly committed to the coalition's clear goals. Idea sharing is part of the culture of these meetings. Participants see these meetings as opportunities to learn about local activities and to "get things done." Thanks in large part to the communicative action initiated by coalition members during and after the meeting described above, "Turn Off the TV Week" was celebrated by an unknown number of families in and beyond the county the coalition purports to represent.

On the other hand, what if Muriel had been present, as well? Could word of “Turn Off the TV Week” have spread in Spanish to parents who don’t spend time at local libraries or YMCAs? Could coalition efforts have reached oft-ignored populations more effectively if the group had been successful in recognizing Muriel’s expectations and seeking broader diversity of participation? And why don’t they? These questions are at the heart of this chapter. I begin by considering the active membership base of each of the study coalitions, noting which groups are (and are not) represented, and noting differences in diversity of representation between the study coalitions. I use these differences to create a taxonomy of coalition participation to undergird the CCAT broader participation proposition, which posits the importance of diverse representation;²⁶ and I use the taxonomy to hypothesize coalition outcomes that might reasonably be expected given low or high diversity of participation.

Later in the chapter, I consider barriers to participation more fully. Do members believe that the group would benefit from input from other stakeholder groups? Who do coalition members believe is left out; and how are these participatory omissions explained? What are barriers, both real and perceived, to diversity of participation in coalition discourse?

Who is Present?

My exploration of complexities of participation and dissemination in community-based participatory public health coalitions begins with a depiction of the membership base of each of the five study coalitions, as evidenced by participant observation of meetings as well as by member responses to my query about which agencies are best represented at coalition meetings. I operationalize diversity of participation by identifying the presence or absence of representatives of different stakeholder groups (discourse communities), including representatives of non-profit agencies, governmental agencies (e.g. schools, health departments), small and large businesses, political leaders, community members, and any other individuals who possess a stake in the coalition’s goals. A membership base with broad diversity of experience and perspectives would, according to Habermas’ Theory of Communicative Action, create a coalition that is more

²⁶ CCAT proposition number eight reads: “More effective coalitions result when the core group expands to include a broader constituency of participants who represent diverse interest groups, agencies, organizations, and institutions” (Butterfoss 2007:73).

capable of achieving “universal norms” (e.g. programs that will be of benefit to the entire community for which they are designed) while avoiding marginalization and/or wasted effort and resources, thus addressing some of the contemporary critiques of coalitions highlighted in chapter one. In addition, I argue that a coalition with high diversity of participation is closer to the original vision and practice of the coalition (e.g. the North Karelia Project), thereby holding truer to the outcomes and appeal that caused the coalition to rise to prominence in public health in the first place. I establish the reality of differences in diversity of participation between the study coalitions, then propose a typology that utilizes Communicative Action Theory to reflect these differences. This portion of the chapter addresses the first set of research questions presented at the end of chapter one.

1. What discourse communities are represented in communicative action at coalition meetings? Are there differences in diversity of participation between coalitions? Can a typology of diversity of participation be developed based on these findings?

The coalition meetings I attended varied in number of individuals present, as well as in diversity of participation. Meetings of Community Health Partners, one of the youngest coalitions in the study, garnered the highest attendance overall with 31 attendees present at the first meeting I observed (excluding myself), and 27 attendees at the second observed meeting. Action for Youth, the oldest coalition in the study, had the lowest attendance rates, with ten and then nine members present at the meetings I observed.

Attendance numbers alone, however, are insufficient indicators of participation. They do not, for instance, indicate how many different community constituencies are represented in a given meeting, nor do they indicate whether all present are actively engaging in communicative action. In truth, and at odds with Communicative Action Theory, high attendance is seen as a detriment to coalition function by some coalition members. There is concern that coalitions can grow too large, making idea sharing and consensus-reaching difficult. Bridges to Health’s Susanna felt somewhat overwhelmed at initial meetings of the coalition, held prior to this research.²⁷

²⁷ Over time, fewer individuals have come to attend Bridges to Health meetings. The meetings I observed were attended by 16 and 18 individuals, excluding myself. This trend is not uncommon in coalition

Well the first couple meetings it was enormous. I think almost cumbersome as far as the size of the group. We did then end up splitting up into different areas, but gosh those first meetings there were probably 30 – 40 people around the table.

Jeff of Delivering Active Lives also believes that larger groups serve as barriers to individual contributions.

You know any group dynamics you get into, once you get over 10 or 11 people, individual comments really get stifled.

Laura, also of Delivering Active Lives, suggests a strategy for approaching diversity of participation.

While you can't have 5000 people on a committee, that just doesn't work, as long as you have somebody, and sometimes it's a matter of finding out who the key communicators are and bringing those key people in, and that's not easy sometimes. But if you ask around the community you can usually find out who they are. And, again, keeping an open mind as to who those people might be.

In the end, successful coalitions strive to maintain balance between discourse-inspiring attendance levels and high diversity of participation. Coalitions achieve universal norms not by speaking directly with each member of the region the coalition purports to represent, but by speaking with representatives of each of the discourse communities within that region. These representatives, in turn, transmit coalition discourse back into each discourse community via communicative action. Such a scenario would call for balanced participation from each discourse community, though this is rarely the case in coalition practice. Instead, coalitions often attract several members from prominent social services agencies, whose voices can have a tendency to overwhelm the contributions of other members.

One way of understanding who participates most visibly in the study coalitions is simply to ask members which agencies/groups they see as best represented. Table 3.1, organized by number of responses per agency type for each coalition, summarizes responses to the question: “As you look at the members of the coalition, which groups seem to you to be best represented?” Each dot signifies one response in the category.

It is clear from these responses that health departments/agencies, schools, and cooperative extension agencies are heavily represented in the five study coalitions. These

practice, as high initial interest generates high attendance, followed by membership attrition over time as momentum wanes and member expectations go unmet. Chapter four discusses these expectations in detail.

Table 3.1: Groups seen by respondents as best represented, by coalition.

	Action for Youth	Bridges to Health	Community Health Partners	Delivering Active Lives	Energizing Fitness
Health Department/ Agency	●●●●●	●●●●●	●●●●●●	●●●●●	●●●●●
Schools	●●●●●●	●●●	●●	●	●●●
Hospitals			●●	●●	●●
Cooperative Extension/4-H		●●	●●●●●	●●●●●	●
Local University	●●●●●	●●●			
Breastfeeding Advocates					●●
YMCA		●●●●			
Parks and Recreation		●●●			
Children's Museum		●●			
Law Enforcement	●●●●●				
Youth Services Agency	●●				

responses are in line with my own fieldnotes, as well. What is perhaps more telling about this list, however, is the types of agencies and organizations that are not listed by anyone as being best represented. Specifically, private sector agencies such as local businesses are absent from the list, as are representatives of community-based groups outside the social services sector such as neighborhood groups, civic groups, and religious groups. This is not to say that *no* representatives of the business community, civic groups, etc. are present in the study coalitions. Some coalitions have members of this sort, and some do not. In all cases, however, the study coalitions are overwhelmingly comprised of individuals representing the social services sector.

The table above does, however, show some clear differences between the coalitions in terms of the distribution of representatives, that is, whether the coalition has many members from a few agencies, or a few members from many agencies. Members of Bridges to Health, for instance, spoke of a great number of different agencies being “best

represented”, indicating a coalition with diverse membership (if largely within the social services sector) and/or high levels of involvement from many participating agencies (a finding that participant observation confirms). In contrast, members of Delivering Active Lives saw only four agencies as “best represented”, with two of those four agency types being mentioned by five of six respondents. Participant observation of a meeting of Delivering Active Lives confirmed that those two agency types were indeed heavily represented, as coalition co-leader Susan, employed by a local health department, had worked with a local cooperative extension leader, Donna, to ensure extension representation from each of the counties the coalition purports to represent, as well as from her own health department staff. While such levels of participation from these agencies can certainly be seen as laudable, there can be a tendency in coalition meetings and behind-the-scenes work for these more dominant agencies to fail to solicit or consider input from agencies that are not as well-represented. Moreover, in coalition meetings where members of one or two agencies comprised the majority of the attendance, I noticed a tendency for conversations to frequently turn toward the agendas of those agencies. This seemed to be a source of frustration to others present, and may serve to diminish diversity of representation as members come to see the group not as a community-based coalition, but as a meeting held for the benefit of a select group of social services agencies. Finally, it seemed to me, particularly in the Delivering Active Lives meeting that I described above, that most of the extension representatives present contributed very little, instead allowing their superior, Donna, to speak on behalf of the group. More balanced participation from representatives of other agencies, businesses, and social groups would no doubt greatly enhance idea exchange within coalition meetings.

It is not necessarily surprising that social service agencies are considered to be best represented in the study coalitions, given coalition goals and funding streams that run either through health departments or universities. Beyond funding realities, however, are other elements of the occupational culture of social services agencies that serve to encourage coalition participation. Jean, a member of Community Health Partners who works for a private hospital system, points out that social service agencies tend to be

more willing than private agencies to allow workers to take the time to attend coalition meetings in the first place:

The health department, I think they turn out in huge numbers. . . . And it may be because they're allowed to come. I know in our facility here you have to get approval to leave the office to attend the meeting, and you're only allowed so many days per year to be able to do that, or you have to take a vacation day to go. I don't know very many people that would take a vacation day and be away from their family to go to a coalition meeting, you know. So the health department is allowed to go, and they always turn out in really big numbers.

Indeed, the majority (26/30) of the coalition members I interviewed represent an agency within the social services sector. I'm defining "social services sector" following criteria set forth by Lynn (2002):

income and employment support, medical and mental health care, education and training, housing, and, in personal social services concerned with child and family welfare, the well-being of older people, domestic violence, substance abuse, vocational rehabilitation, refugee assistance, emergency food assistance, and others (59)

In the study coalitions, social services sector representatives hailed most commonly from health departments and healthcare facilities, extension offices, educational institutions, and YMCA facilities.²⁸

While individuals representing occupational cultures and other discourse communities outside of the social services sector are in the minority among the members of the study coalitions, participant observation did reveal some exceptions. Meetings of Bridges to Health, for instance, are attended by a representative of a local parks department, as well as by the owner of a business encouraging self esteem in young women. Some such individuals were interviewed in this research: a small business owner (Sam of Energizing Fitness), a city government worker (Rebecca of Energizing Fitness), a museum director (Susanna of Bridges to Health), and a fast-food franchise owner (Laura of Delivering Active Lives). Based on participant observation, Bridges to Health and Energizing Fitness exhibited the highest diversity of participation of the five study coalitions. Still, many discourse communities are not represented on coalition rosters. While reasons for this will be addressed later in this chapter, I've established two points

²⁸ I'm including YMCA as a social service organization given the organization's stated mission of building "strong kids, strong families and strong communities" (YMCA 2007).

thus far in this consideration of diversity of participation in coalitions: coalitions vary in diversity of participation, and the social services sector is quite heavily represented in the coalition discourse community. Establishing these points allows for the creation of a taxonomy of diversity of coalition participation.

Professional and Popular Coalitions

Diversity of participation is seen as a primary benefit of coalition practice (Butterfoss 2007, Steenbergen and El Ansari 2003, Berkowitz and Wolff 2000). However, there is ample evidence, this research included, that many coalitions fail to achieve diverse participation, consisting instead of a group of like-minded individuals from local social services agencies (Miewald 1997; Thompson, *et al.* 1999; Lasker, *et al.* 2001). While there are certainly benefits to inter-agency collaboration, such coalitions are not entirely in line with early visions of the coalition as means of communication between agencies and the community at large, as discussed in chapter one. Nonetheless, coalition rhetoric continues to view all coalitions as participatory endeavors, capable of creating programs of applicability to entire communities due to high levels of community collaboration. There is, at present, no distinction in the coalition literature between coalitions with differing diversities of participation. All coalitions are currently seen as equally and highly participatory, despite significant evidence to the contrary.

In my view, despite the rhetoric, individual coalitions exist on a continuum between high and low diversity of participation. According to Communicative Action Theory, a coalition with low diversity of participation is not well-suited to the development of interventions of use to the community it purports to represent, as it lacks participation from the many discourse communities necessary to achieve acceptance of universal norms. Low diversity of participation does not, however, indicate a minimally effective coalition; it merely necessitates a reshaping of coalition goals. A minimally diverse, social services sector-heavy coalition would more appropriately aim to establish universal norms within the social services sector, as opposed to within the entire community. What is needed, then, is a taxonomic means of identifying differences in diversity of coalition participation so that differences in reasonably-expected coalition outcomes can be better understood.

I've chosen to identify maximally-diverse coalitions as "popular coalitions," and minimally-diverse coalitions as "professional coalitions." Arthur Kleinman's work explaining the intersection of different sectors of the local health care system serves as a model for this taxonomy. Kleinman (1980) uses "popular" and "professional" to denote different sectors of the local health care system. Generally speaking, when a person first encounters a health problem, such as a headache, said person is unlikely to rush to a physician's office (a "professional"). Instead, the person self-medicates, choosing to take medicine or other steps available to her in an effort to alleviate the problem. Such treatment lies within the "popular" sector, according to Kleinman, as it is informed by the individual, and perhaps by trusted friends or family members, as opposed to being informed by professional intervention. Kleinman specifically defines the popular sector as containing "individual, family, social network, and community beliefs and activities" (50) relative to health care, while the professional sector contains representatives of "the organized healing professions"²⁹ (53).

In the coalition, a similar taxonomy can be used. Many coalitions are heavily attended by professionals representing the social services sector. In study coalitions, community/ethnic groups, businesses, and families are not well-represented. If the goal of a coalition is to create community-wide change (adoption of universal norms), lack of popular sector participation is a significant problem as, according to Kleinman, members of the popular sector hold the power to decide "when and whom to consult, whether or not to comply, when to switch between treatment alternatives, whether care is effective, and whether they are satisfied with its quality" (51). In coalition terms, members of the popular sector decide whether to participate in coalition-derived interventions, and whether to adopt coalition-suggested universal norms.

While it should not be ignored that representatives of social service agencies have beliefs and influences shaped by their lives outside of the agency world, the fact remains that many coalitions fail to engage the popular sector in a meaningful way, instead

²⁹ Kleinman (1980) also discusses what he terms the "folk sector" of the local health system, containing both spiritual (e.g. shamanism) and secular (e.g. herbalism) forms of healing. As Kleinman states, "The folk sector shades into the other two sectors of the local health care system" (59). For purposes of my own hypothesis regarding coalition types, I choose to maintain a clear distinction between the popular and professional sectors, as, while it seems likely that some coalition members have personal belief and even practice in folk healing, I have encountered no individuals who have claimed to represent this sector in their coalition membership.

consisting entirely of members who represent the professional sector by virtue of their affiliation with social service agencies. Such coalitions might be more rightly defined as “professional” coalitions, with coalitions whose membership adheres to the early grassroots coalition ideal being referred to as “popular” coalitions.

Kleinman’s work is brought still closer to the reality of the coalition by Eng and Hatch (1991), who speak of both professional and popular methods of providing health-based and other caregiving, visualizing institutions such as churches, community groups, and families as important in bridging the gap between formalized (professional) advice/resources and localized (popular) needs. It is possible that a professional coalition might move toward becoming a popular coalition by virtue of interaction with these types of institutions. Indeed, I envision coalitions not as wholly popular or wholly professional, but as existing on a continuum between the two forms. Importantly in the context of this qualitative research, I do not envision the terms “popular” and “professional” to be quantifiable. In fact, a literal interpretation of Habermas’ Theory of Communicative Action would see a fully popular coalition as unachievable, as the desired “universal norm” by definition requires input and acceptance from *all* members of a discourse community. Simply put, a gathering of all members of the communities the study coalitions purport to represent would raise insurmountable logistical issues. Taking this reality into account, one can envision coalitions existing on a range between professional and popular. I argue that a coalition’s effectiveness in inspiring community-wide change (adoption of universal norms) increases as its proximity to “popular” increases on this continuum.



Figure 3.1: The “Popular” and “Professional” Coalition Continuum

Turning then to the coalitions studied in this research, I find that each of the groups is closer to professional than popular, owing to heavy social services sector

participation and light participation from groups outside the social services sector. As noted earlier, Bridges to Health and Energizing Fitness would lie a bit farther from professional than would the other three groups.³⁰

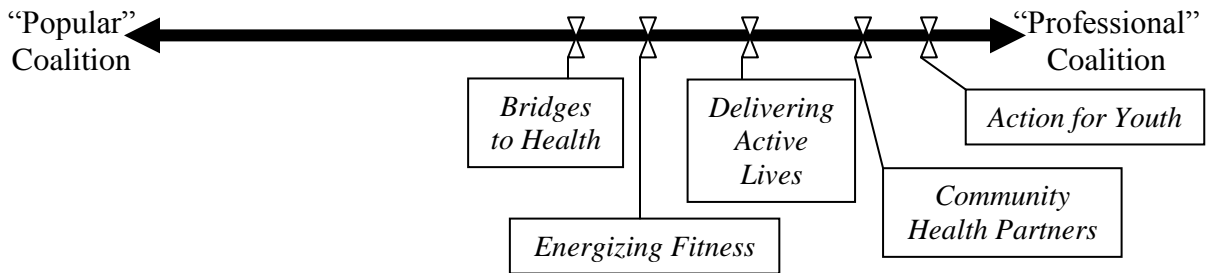


Figure 3.2: Distribution of study coalitions on the “Popular” and “Professional” Coalition Continuum

The amount of agency expertise represented at meetings of each of the five study coalitions is immense. As later chapters will show, however, individuals outside of the social services sector tend to feel left out of coalition dialogue and frustrated with what they perceive to be a lack of focus and progress toward specific goals. By way of contrast, anthropologist Melissa Checker (2001) describes a group of activists in Brooklyn, New York who formed a coalition for environmental justice in light of high local rates of both pollution and illness. This popular coalition of community residents transcended local ethnic lines (predominantly Jewish and Latino, who share a history of struggle with one another over access to city resources) by creating environmental identities that superseded ethnic barriers (though originally the two ethnic groups had formed separate environmental action groups, one group was ultimately formed as “an unhealthy environment became their basis for unity” (141)). Group members included community residents, local religious leaders, and staff from community agencies, all of whom were able to achieve social change in terms of pollution reduction and influence on an incinerator site decision. In this case, a popular coalition was able to affect change (establish universal norms) that influenced the entire community. There is, however, an important difference between the coalition Checker describes and the coalitions described in this research. The New York City coalition was not created as a means of achieving a

³⁰ As a reminder, the popular/professional continuum is not designed as a quantitative scale. The coalition positions on the continuum reflected in figure two are approximations based on my own observations of diversity of coalition participation, coupled with interview accounts.

grant, but instead as a form of grassroots resistance to perceived environmental injustice. It seems likely that these distinctions – grassroots versus grant-inspired, popular versus professional – play a large role in predicting the extent to which a coalition is capable of creating positive community-wide change.³¹

Why might it be difficult for professional coalitions to achieve positive community-changing outcomes? After all, in the professional coalition there is certainly comfort in being surrounded by a group of individuals who, by virtue of their occupational culture, speak a similar language when it comes to public policy, programming, and grant-seeking. Indeed, the professional coalition is capable of being beneficial to the agencies that take part. These agency-specific benefits are most commonly expressed in terms of precious agency resources, as coalitions allow social services agencies to avoid duplication of programs (Wolff 2001a, Spoth and Greenberg 2005) and to combine resources to create more comprehensive programs (Roberts 2004). By failing to engage the popular sector, however, the professional coalition remains poorly suited to develop programs of applicability to the community it purports to represent. This failure is expressed in part by respondents in anthropological research conducted by Koné, *et al.* (2000) in Seattle, Washington. The researchers asked who residents thought would best represent the community in a partnership with a local health promotion agency. Many respondents mentioned specific agencies, but worried about the tendency of those agencies to place their own agendas over the needs of the community as a whole. As a result, many respondents suggested that grassroots actors without agency involvement would be best suited to represent the needs of the community. One respondent stated: “It’s absolutely essential to have the grassroots people represented. Often, agency people have a certain way of doing business and they’re turf-protecting, whereas the community members really know what they need and want in their community” (245). Remarkably similar to this statement is Muriel’s assertion, included in the vignette at the beginning of this chapter, of the importance of “people from the community.” Distrust of agency motives is likely to hamper any professional coalition that seeks to create community-wide behavioral change.

³¹ Each of the five coalitions I have studied is “grant-inspired” as explained in chapter two, making a comparison between “grassroots” and “grant-inspired” coalitions impossible to achieve in this research, but certainly worthy of future study.

Butterfoss (2007), in response to mounting critiques of the coalition model, calls for reassessment of expectations of coalition outcomes, noting that expectations of coalition-inspired community-wide change in health behavior may not be realistic. Butterfoss does not suggest alternate expectations, nor does she explain factors that may cause coalitions to fail to meet expectations of community-wide change, though the CCAT broader participation proposition, which addresses the importance of diverse coalition participation, certainly hints at an explanation. Communicative Action Theory picks up where CCAT leaves off by suggesting that failure to create community-wide behavior change is a result of failure to involve the entire community in the process of communicative action. Further, there is a proven risk that coalitions that attempt community-wide change absent diverse community input may end up doing more harm than good. As anthropologists such as Lundy have pointed out, attempts to inspire community-wide change without involving the community in decision-making processes “may be unintentionally reinforcing unequal social relations, as opposed to empowering or giving a voice to marginalised groups” (1999:130). It follows, then, that coalitions bordering on the professional, as opposed to popular, have two choices if they are to be successful: 1) they can endeavor to achieve increased diversity of membership so that they are truly representative of the entire community; or 2) they can alter their goals to better address the discourse communities they actually represent – agencies within the social services sector.

Of course, the goal of each coalition in this study, as observed in coalition discourse, is the creation of health-based behavioral change throughout the communities the coalitions purport to represent.³² While it is clear that agency interests such as securing funding and achieving a positive public image are always operating in the background, coalition members speak clearly of “creating a healthier community,” or, in a statement made by Energizing Fitness leader Lisa at the beginning of a coalition meeting: *“We’re hillbillies, and we can be proud hillbillies. But, we want to be healthy, proud hillbillies.”* Because coalition members express group goals in terms of community-wide behavioral change (as opposed to merely improving interagency

³² Importantly, the grants that fund the study coalitions also specify community-wide change, as opposed to change solely of benefit to social services agencies.

communication), the distinction between popular and professional coalitions is important, as a professional coalition attempting to create programs of value to an entire community may be unknowingly marginalizing certain unrepresented groups. A professional coalition can become better able to meet community needs by focusing on the recruitment and inclusion of members who represent diverse community groups, particularly beyond the social services sector. The remainder of this chapter focuses on attitudes and practices associated with accomplishing this task.

Who is Missing?

With the popular/professional typology in place, I turn to a consideration of reasons for differences in participation in coalition discourse. Many coalition members and leaders see achievement of a diverse membership base as a difficult task for two reasons. First, coalition members have a tendency to see individuals outside of their own professional networks as uninterested in coalition membership. Second, as mentioned earlier, some coalition members believe that coalition success correlates with a relatively small group size. In the end, attempts at increasing diversity of coalition membership appear to be counterintuitive to many coalition members. This does not, however, keep some coalition members from seeing their groups as inclusive and representative of the community as a whole.

In order to achieve a qualitative measure of member thoughts on sufficiency of representation in the coalition, I asked who, if anyone, respondents considered missing from the group, followed by queries about why those individuals or agencies might be missing. I also asked questions about how recruitment might be better facilitated, as well as about difficulties leaders and other coalition participants face in recruiting coalition members. This section of the chapter presents data emergent from these questions, thus addressing the second set of research questions listed at the end of the first chapter.

- 2. Do coalition members believe that the coalition would benefit from more (or less) diversity of participation? What discourse communities, if any, are seen by members as missing? What reasons do coalition members and former members believe to be responsible for the absence of certain discourse communities? How might these barriers to participation be overcome in practice?**

As discussed above, the varied propensities for social services agency dominance exhibited by the study coalitions do not necessarily equate with achieving popular coalitions. Even so, there is no doubt that the appeal of the coalition lies in its ability to bring multiple perspectives to bear on issues of public health. As a result of this appeal, and of the history of the coalition concept as discussed in chapter one, contemporary coalition practice is entrenched in a rhetoric of inclusiveness. This rhetoric was pervasive within the study coalitions, as well. Each of the meetings I attended contained some mention of the benefits of having additional members present. Meetings of Community Health Partners, Delivering Active Lives, and Energizing Fitness contained explicit invitations for the membership to suggest categories of individuals who should be asked to join the group. The leaders of these three coalitions were also certain to ask members to invite colleagues to future coalition meetings. Meetings of Action for Youth and Bridges to Health did not contain these announcements, likely owing to the long tenure of these groups.

To examine how the rhetoric of inclusiveness manifested itself in the expectations and actions of coalition members, I asked a series of questions about whom, if anyone, respondents believed was missing from the coalition's discourse community. Grouped by sector and arranged in decreasing order of popularity, the responses are contained in the following table.

Table 3.2: Groups seen by respondents as missing from the coalition.

Agency or Group Seen as "Missing"	Number of Responses (n=30)
Government	14
Businesses	11
Schools (teachers, admin., food service)	11
Hospitals	7
Faith-Based Organizations	7
Physicians/Medical Staff	7
Youth (individuals, not agencies)	5
Youth Service Agencies	4
Parents	4
Fitness Clubs/Sports Facilities	3
Family Resource Centers	2
Human Resources Agencies	2

In addition to the responses included in the table, the following suggestions received one response each: mental health agencies, advertising agencies, college/university, immigrants, local celebrities, sports leagues, parks and recreation, lawyers, agencies that serve low-income individuals, other coalitions, the American Lung Association, and insurance companies. Only one respondent reported no suggested additions to the coalition.

Based on the diverse nature of these responses, a couple of conclusions can be drawn. First of all, it is clear that each study coalition could come closer to achieving the popular coalition ideal simply by following the recruitment suggestions of its members. Secondly, it seems that even within the social services sector certain types of agencies such as schools and hospitals are seen as poorly represented. I find this noteworthy, as the implication is that not only do some of the study coalitions fail to adequately represent a community, they fail to represent the entirety of the community's social services sector as well. Differences in work rules among occupational subcultures likely account for a large amount of this disparity in representation. Finally, and perhaps most importantly, the vast majority (29/30) of coalition members would like to see increased diversity of representation in coalition membership. For many, this desire for increased diversity appears to go beyond the social services sector. Muriel's statement, included at the beginning of this chapter, about the lack of parent representation at meetings of Bridges to Health is evidence of a desire for increased diversity of participation. Another Bridges to Health member, Susanna, speaks to the importance of diverse representation from her perspective as director of a local museum.

I think for me an ideal partnership is always private sector, public sector, business sector, you know, getting everyone involved. . . . I think sometimes we shy away from including those for-profit businesses because we are all not for profit, charity, government organizations all working on grants. But we have certainly done a lot of advertising and PR for these businesses and it makes sense to me for them to send someone to the table so that. . . . the employees and the management really understand what's going on, and appreciate it.

Laura, a fast-food franchise owner who speaks of successful programs in her hometown with an infectious excitement, shared with me an example of a program that benefitted from inviting high school students to participate in decision-making.

One of the things that we have here in the county that is a huge asset to us, we have increasingly incorporated high school students. . . . That lets them understand the process of what's going on. It also gives us some insight into what they think. And they're the ones who are going to be running this county eventually, so they get to see the process and they get to learn from it, but we also get to learn. Why plan a sports complex for kids and put all the wrong activities in there?. . . . And rather than us saying 'well I think they want this' maybe we ought to have some young adults on this group.

Fortunately, as noted above, though some are concerned about a large group size stifling idea-sharing opportunities, all but one of the coalition members and leaders I interviewed believes that increased diversity of participation would be beneficial to his coalition. Achieving this diversity, however, is a different matter.

Barriers to Diverse Participation

There is a clear disparity between the diverse participation that coalition members desire and actual representation observed at coalition meetings. As such, there must be barriers inhibiting coalition members' stated desire for group diversity from becoming reality. To better understand these barriers, I asked respondents to suggest reasons why the groups they mentioned were not participating in the coalition. Responses to this question fell into five thematic categories: blaming "the other," logistical issues, differences in job description, overlapping coalitions, and blaming the coalition.

Blaming "the Other"

Among the more interesting findings in seeking respondent explanations of barriers to participation is a tendency for some respondents to see members of groups not represented on the coalition as negligent in understanding the importance of issues the coalition is working to improve (e.g. fitness, nutrition, substance abuse). Energizing Fitness leader Lisa has many years of experience in attempting to organize local groups and businesses to promote positive health-based community change:

Sometimes they don't see the importance of things, perhaps they don't see the importance of involving one of their staff members in a community group such as this.

Statements such as this were not uncommon, but were not in the majority, either. Some respondents matched blame of the other with the thought that the coalition may have the capacity to provide information for would-be members. Jean of Community Health

Partners spends her days educating patients on proper nutrition. Perhaps because of this, she sees lack of coalition interest as a product of a lack of education.

Maybe they need additional education. Somebody needs to spark their fire and find out what their trigger button is in order to get them to want to be there.

Tiffany, a member of Action for Youth who works for a local non-profit agency herself, explains that non-profits would benefit from improved understanding of the requirements and potential rewards of coalition participation.

For the nonprofit agencies I think part of it is a lack of clarity. What it is, why it's important to them, why they should do it – like what their role would be.

Based on comments such as these, I felt as though there was a tendency on the part of some respondents to see the coalition as a group that would-be members should seek out, as opposed to being a group that should actively seek out would-be members. Such a distinction in perceived membership basis is important, and certainly explains a reported reluctance on the part of some coalition members to invite new members to join.

Logistical Issues

The most common response to my query about barriers to coalition participation had to do with logistical issues. Some members, such as Energizing Fitness' Dan and Community Health Partners leader Cheryl, pointed out difficulties inherent in bringing representatives of different groups together at a time convenient to all. Dan believes that teachers should attend coalition meetings.

Well from a practical standpoint, if it's on a school day they'd have to get someone to take over their classes to come. That means hiring a substitute. They're only allowed so many days. The school has to have money for substitutes. You have it on Saturday, then you're competing with sports and family and, you have it in the evening you're competing with choir practice and after-school sports programs, and so on.

Cheryl would like to see physicians more involved in the coalition.

We have a couple of physicians that are very interested but they can't come because of the time of day – they have patients.

A variety of opinions as to appropriate meeting time were expressed during the course of this research. Only Action for Youth had established a regular meeting place and time. Meeting times and locations for the other coalitions varied from month to month, in

accordance with coalition workloads, the schedule of the coalition leader and members who made their schedules known, and a desire to avoid meeting on holidays or on days surrounding important local events (e.g. the first day of school, the day of a major local public health conference). Some of the coalitions established a date for their next meeting at the conclusion of each meeting, while members of other coalitions were informed of meeting dates via e-mail from the leader. In all cases, the study coalitions met on a weekday, during working hours.

It is clear that no single meeting time will be ideal for all coalition members and would-be members. It is also clear, though, that meeting times present a significant attendance barrier to certain groups, such as the teachers and physicians mentioned by Dan and Cheryl. Other groups, such as the youth and parents some coalition members sought to include as coalition members, would likely face similar difficulty in attending coalition meetings during the work/school day. In essence, meetings held during working hours appear to effectively exclude many would-be coalition members; and each of the coalition meetings I attended was held during working hours. This does not necessarily mean that evening or weekend meetings would be an ideal solution. I did not question respondents regarding their willingness to meet during these alternate times. I can conclude, however, that meeting time is a significant barrier to diverse coalition membership outside of the social service sector.

The time of the day when coalition meetings are held differs as an issue from the ability of would-be coalition members to devote a particular quantity of time to coalition meeting attendance. Almost universally, coalition members report being particularly busy in their own occupations. As a result, many respondents saw time constraints as clear barriers to coalition membership. Eunice, a rural extension worker and member of Energizing Fitness, believes that the coalition would be more influential if elected officials were to commit to attend, but acknowledges time as a potential barrier to participation.

Some of the local politicians have other jobs that they're doing in addition to being a county commissioner or something like that, so I know they have time constraints, as well.

Delivering Active Lives' Donna, another extension worker, sees constraints on her own time as a potential barrier to coalition participation, despite the fact that she ensured that extension representatives from each of the coalition's counties were in attendance at a meeting I observed.

That's what prevents me from joining any coalition, you now, what am I already involved in, how can I benefit from that, and what are my time restraints? I mean, obviously we all are spread very thin. You've got to pick and choose what coalitions you want to get involved in. I know I have to.

Bridges to Health leader Linda believes that inclusion of faith-based discourse communities would assist the coalition in meeting its goals. Linda also addresses the time barrier, but sees opportunities for coalition participation beyond simple attendance at meetings.³³

I think, like a youth minister who has got a ton of stuff to do to come to this community-based meeting, I just don't think they see it as a good investment of their time. And they are probably right. They might be wise to be on our e-mail list. They might be wise to stay connected. So time. I think the same is true for businesses because time translates to money for them.

Of course, as will be discussed in chapter four, respondents spoke of their own coalition membership in terms of a cost/benefit analysis. Coalition members who feel as though meetings meet their expectations in terms of productivity/outcomes are willing to devote the time necessary to meeting attendance. Would-be new members of the coalitions, however, might be better enticed to join if they are given a clear understanding of what they can expect to gain from attending a coalition meeting. Bridges to Health's Linda shared with me her strategy for recruiting members to the coalition when the group was first starting.

We wrote a letter that was really a marketing letter and there is really a section called "What's in it for you?" And it was, you know, a chance to go to conferences, data, network, you know. So we wrote a letter that said what was in it for them. . . . And then there was this phone call that I made where I sincerely told each person why they had been chosen. And it came straight from the heart. It's like: "Well, because you are so good at what you do," or whatever. And then asked them what they wanted. . . . It's not what the coalition member can do for you, it's what you can do for your coalition member.

³³ I'll discuss communicative action outside of coalition meetings in detail in chapter five.

Given the importance of time to all coalition members, similar recruitment efforts might prove useful in achieving more popular coalitions.

Meeting location is the final barrier respondents suggested under the theme of logistical barriers to coalition participation, particularly for members of Community Health Partners, Delivering Active Lives, and Energizing Fitness. These three coalitions purport to represent a multi-county area, meaning that the majority of coalition members must travel outside of their local communities to attend a coalition meeting. Meetings of these coalitions did not necessarily take place at a central geographic location, but instead tended to be held at a facility in a larger town, often of convenience to the coalition leader. Importantly, each of these coalitions varied the locations of their meetings. Still, coalition members from outlying areas reported difficulty in attending meetings due to travel time (over two hours in each direction in the most extreme case), and some members saw travel time as a barrier to participation for would-be coalition members.

Differences in Job Description

Just as differences in occupational norms surrounding “time” create barriers to coalition participation, some coalition members perceived differences in occupational goals to be a major barrier to coalition diversity. Bridges to Health’s Susanna directs a local museum that focuses on providing educational experiences for children. She acknowledges that some community members are less inclined than she to join the coalition.

It’s my job to do this. It’s not the management of Dick’s Sporting Goods, it’s not their job to be a member of a not for profit community coalition. It’s their job to make money at Dick’s Sporting Goods. So I think that’s probably the biggest barrier.

This does not mean, however, that representatives of the business community are completely absent from coalition meetings. Representatives of the business community were present at meetings of Bridges to Health, Delivering Active Lives, and Energizing Fitness. In addition, Linda, the leader of Bridges to Health, made reference to increased participation from businesses when the coalition held specific events open to the public, such as physical activity days for children. Businesses are more likely to participate in these events, likely because of the return in terms of improved public image. As chapter four will explain, the factors motivating participation from the business community differ

from those motivating coalition members from the social services sector, just as occupational cultures differ within and between these groups. Namely, business representatives see coalition membership as a means of achieving a positive public image and “giving back to the community.” It seems, however, as though there may be an additional barrier to overcome for would-be coalition members from the for-profit sector. Sam, one of the few business owners interviewed for this research (Energizing Fitness) sheds additional light on this potential barrier by sharing his concern about feeling out of place at coalition meetings.

I feel a little bit like a fish out of water at those meetings. . . . therefore I don't really participate. . . . I feel like I'm so different than the rest of them that maybe I don't have anything to give to the group, that they kind of have their own agenda.

If a coalition is to transition from professional to popular, it must find a way to bestow felt value on coalition members who are not attached to the social services sector (this will be discussed in detail in the next chapter). In addition, it seems likely that perceived occupational barriers to coalition membership may be preventing existing coalition members from actively inviting members of the for-profit community to contribute to coalition discourse.

Overlapping Coalitions

Owing to the popularity of the coalition model, another barrier to coalition membership appears to be the existence of coalitions that are geographically and topically similar. Other coalitions were frequently mentioned by interview respondents and in coalition meetings during this research. Often, the goals, geographic coverage areas, or both of coalitions will overlap, creating a situation in which would-be coalition members must decide whether to actively participate in one or both groups. For instance, Community Health Partners' Donna believed that individuals from her own hometown were missing from the study coalition due to this overlap.

We have something very similar in [my] County, in [my town], you know, and it's kind of, other than getting other communities involved in it it's basically doing the same thing.

Understandably, newer coalitions tend to face this barrier more than do long-established groups. In the case of Community Health Partners, Delivering Active Lives, and Energizing Fitness, each of which is a regional coalition purporting to represent multiple

counties, coalition leaders report little attention having been paid to existing local coalitions during the process of creating the regional groups. Instead, coalition formation was driven by a grant awarded at the state level, with regions of the state selected by state health department officials using somewhat arbitrary existing regional schemes which have been altered according to the state's ability to locate willing coalition leaders. It also seems clear in this research that communication between coalitions is atypical. A member of Action for Youth, for instance, expressed frustration that another local coalition had consistently failed to send a representative to Action for Youth's meetings.

Blaming the Coalition

Finally, some coalition members placed blame for a lack of membership diversity on the coalition itself. Delivering Active Lives' George, based in part on his frustrations with coalition members' failure to contribute to the group's website, saw poor definition of coalition goals as a clear barrier to membership for outsiders.

A lack of direction. A lack of identity. I don't think [Delivering Active Lives] really has its identity yet. I don't think other people are going to want to be involved if they don't know what it is that they're involved in. I don't know that anybody can really provide a very good description as to what this group is supposed to do, what it serves.

Just as poorly-defined goals may be a deterrent to coalition membership in younger coalitions, members of more established coalitions (Action for Youth and Bridges to Health) report tenure of coalition existence as a potential barrier to coalition membership. Members of these coalitions have established a rapport based upon the accomplishment of coalition tasks over multiple years. As such, it is less common for members of these coalitions to seek out new members. The leader of Bridges to Health reported working with new members to "bring them up to speed" on the coalition's mission and accomplishments lest they become lost in frequent meeting references to past events.

Along similar lines, Community Health Partners' Julia, who reports having minimized her participation in the coalition, explained a reticence on the part of coalition members to ask representatives of certain groups to join:

I think the buy-in of the physicians at this particular coalition would be a good thing. Right now I don't see that we're ready for them, to bring them in. Typically we bring in someone like a physician or someone at that level in the community –

you really need to have some really concrete things in place – you need to have your financial backing behind you.

Similar comments were shared regarding elected officials. Physicians and elected officials were consistently seen by coalition members as individuals in positions of great power and thus of potential great benefit to the coalition. Julia's statement about delaying physician "buy-in" comes from her belief, shared by several of the coalition members I spoke with, that physicians and elected officials are incredibly busy, and thus unable to take the time to participate in coalition meetings unless the coalition has established a clear record of success and need for input from these specific groups. A problem with this reasoning, of course, is that waiting until well into the coalition process for certain groups to join prohibits members of these groups from contributing to coalition discourse during early planning stages. Still, there is evidence that coalition members and leaders fear "wasting" the time of community members in key positions of influence. This perception, combined with perceived (and real) hectic schedules, explains observed minimal participation from physicians and elected officials.

Finally Muriel, formerly of Bridges to Health and herself a representative of an immigrant community, squarely placed blame for poor representation from local immigrant communities on the coalition members themselves.

Lack of education. They are not educated about other communities. We are not doing a very good job about that. . . . They are invisible. We are the invisible ones.

In the end, though coalition members such as physicians and elected officials would certainly be important contributors to coalition discourse, coalition members themselves seem more apt to fail to consider the inclusion of members from traditionally marginalized communities (e.g. those whose health-based decisions are affected by income status or membership in a minority group). If communicative action is to be effective in a given coalition, these "invisible ones" must be included as idea-sharing participants in the coalition process.

Suggestions for Recruitment

When I asked Tiffany, a youth services worker and long-time member of Action for Youth, what might be keeping other individuals from being involved in the coalition,

her response included two important words: “*Being asked.*” Quite simply, knowledge of a coalition’s existence is the most basic requirement of coalition participation. In the professional coalition, leaders and members invite members of their own discourse communities (e.g. within the social services sector) to join the coalition. To achieve a popular coalition, however, group leaders and members must strive to spread word of the coalition and its value throughout multiple discourse communities and occupational cultures. The remainder of this chapter focuses on how this task might be accomplished.

Though each of the study coalitions is open to all, the coalitions do not habitually advertise their presence to the general community. Instead, knowledge of the coalition’s existence is transferred by word of mouth or by e-mail. I asked respondents how they were invited to join the coalition. All of the coalition members I interviewed (who could recall the circumstances of their joining) were asked to join in person, by phone, or via e-mail by a social services sector representative, most commonly a coalition leader. The majority of these invitations came, not surprisingly, when the coalition was first forming. In the case of Community Health Partners, Delivering Active Lives, and Energizing Fitness, coalition leaders used attendance rosters from regional obesity prevention forums designed to assess community needs and jump-start the coalition process. To these rosters, coalition leaders added additional contacts from their own networks, inviting the resulting list with a combination of letters, e-mails, and, in some cases, phone calls. Action for Youth and Bridges to Health were formed without the aid of regional forums, as leaders worked with colleagues to compile a list of invitees. The role of coalition leaders in determining initial and ongoing coalition members cannot be underestimated. I encountered very few examples of non-coalition leaders successfully inviting others to join the coalition. Clearly, these recruitment methods have resulted in largely professional coalitions.

How, then, did coalition members who work outside the social services sector come to join their coalitions? Sam, a small business owner and member of Energizing Fitness, was first attracted to the coalition by a flyer sent to his business promoting a “walkable communities” conference held by the coalition shortly after its formation. Sam attended a portion of the conference.

I want to say it was about 6 hours long and I attended about 3 hours of it, which is still a pretty big time commitment during the workday, to do it. But it was great. I certainly learned a lot, good information, featured speakers, and just a fast, seemed to be a fast-moving program that had something for everyone.

After the conference, coalition leader Lisa sent an e-mail to all attendees, inviting them to attend the next coalition meeting. Based on his enjoyment of the conference, Sam attended his first meeting of Energizing Fitness. Rebecca, also of Energizing Fitness, joined the coalition when she took on the duties of her city's departed risk manager. She has maintained active involvement, as she agrees that the city should be aware of and contribute to the coalition's activities. Laura, the only fast-food franchise owner I encountered in this research, maintains a personal interest in issues of child health that led her to attend a state-wide health advocacy conference, where she met a leader of Delivering Active Lives who invited her to join the coalition.

At this point the fact that I was asked to come, I thought was a good thing. And, you know, I'm from another county, it shows that they want to look regionally, also, which is good. I've been more involved in chamber and tourism types of things when I've done regional things in the past. This is kind of a new field and I was real pleased that we were invited to do it. It means, I believe, they think that I have something to contribute and that I can be of help here as well. So that's always gratifying, to ego if nothing else.

Finally, museum director Susanna came to join Bridges to Health because of prior work with leader Linda.

I had been working with both [Linda] and [a former coalition member] here at the [museum] through other health related projects. They have also helped fund two exhibits here. . . . So I'm greatly in their debt because they wrote the grant and we got the money and we got the exhibit. . . . So I knew them quite well through that. And of course developing these grants together and writing grants. So [Linda] knew that we were interested in the health of children and I'm assuming that's why I was invited to be on the coalition.

Achievement of a coalition that is more popular than professional requires the adoption of strategies that encourage leaders and members alike to extend coalition invitations to a broader array of discourse communities. In Sam's case, above, Energizing Fitness leader Lisa made an effort to advertise a coalition-sponsored conference to local businesses. In the remaining cases, members outside of the social services sector came to their

coalitions in a more traditional manner, by establishing a relationship with a coalition leader (Laura and Susanna).

After coalition members told me who they thought should be asked to join the coalition, I asked them what they believed the coalition could do to entice individuals to join. Suggestions included making in-person contact, holding meetings in more convenient locations, sharing coalition success, and two suggestions made by business owners specific to recruitment in the for-profit sector.

Making In-Person Contact

The most common suggestion for recruiting new coalition members involves going beyond e-mail and telephone calls. Dan of Energizing Fitness explains his misgivings about the use of e-mail as a recruitment tool for representatives of the business community.

I'm not entirely satisfied with e-mails as a form of communication. I know it's quick and easy, but it's replaced a more personal telephone call or personal visit, and nowadays with so much of our communication being done by e-mails. . . . you get so much e-mail that you have to be careful that it's being effective, that it's being read at all. . . . We've talked about it and I mentioned this and [Lisa, the coalition leader] mentioned that she'd like to do that, going out to the schools and talking to the principals, superintendents, food service directors, whatever. We have not done that as of yet, because she has a full time job.

The tactic Dan mentions was indeed on Lisa's mind during our interview.

I think personal contacts are important... you know, in order for me, probably, to get some of these corporations to come out and involve themselves in this, I'm going to have to make an appointment and go see them, and sit down with them and talk about why it's a good thing.

Cheryl, who leads Community Health Partners, acknowledges that physicians are unlikely to attend coalition meetings, but believes that in-person visits would be useful in gaining physician participation in coalition discourse.

Probably the best thing the coalition could do is go, I would think, a small, maybe sub-group of people maybe go to that physician, at the physician's own time, and sit and maybe say, you know, 'if you want to be a part of this, this is what we're looking at – how could you help in this area?' And maybe look at how the physician could actually help the coalition out of their office.

Of course, as Dan points out, time is the greatest barrier to using in-person recruitment tactics. Nonetheless, such an approach may be useful in achieving participation from members of diverse discourse communities.

Holding Meetings in More Convenient Locations

As mentioned earlier in the chapter, meeting location was identified by respondents as a barrier to participation for some, particularly in the cases of the three regional coalitions. Liz, a community development worker and member of Energizing Fitness, is no stranger to coalitions. She shared with me a strategy she once successfully used in a regional coalition she led to increase coalition participation.

I insisted that we travel to each county seat and be able to learn as much as we could about the community to promote it, because it was a tourism group. . . . Each month we chose a county, and especially the counties that didn't want to have anything to do with us, we would call them over and over again and say 'alright now, we've got this month available, can we come and see you?', you know, and by the time I was finished we had all 15 counties with a representative.

Bridges to Health leader Linda had a similar suggestion occur to her during our interview.

If we had meetings at their location. Like if we had them at the library or had them at a church. Bring meetings to the groups we want to reach.

After Linda shared this idea, we paused briefly as she took a moment to write the idea in the notebook that contained her jottings from the coalition meeting earlier that day. She shared with me that she may try this tactic for a meeting later in the year (outside of the research period).

Sharing Coalition Success

According to Susanna of Bridges to Health, details of positive coalition outcomes may be useful in enticing new members to join.

I think sharing the statistics [regarding coalition successes] I mean it's exciting to see those numbers. Then they could go to whoever, their president or CEO is and say "Look, we're part of this program and look at the difference we've made. Can we send someone to these meetings, or have more representation or something?"

Of course, sharing success requires that the coalition be at least somewhat established, just as the availability of statistical measures of coalition success requires specific

evaluative practice. Bridges to Health and Action for Youth, because they are supported by the FPRC, have the luxury of working with a team of evaluators. The other three coalitions have no built-in evaluation component. Still, as the many tales of coalition action shared with me by respondents would indicate, one doesn't require numbers to indicate how a coalition has been influential in creating change in agencies and/or communities. These stories may indeed encourage higher levels of participation, whether presented via e-mail or in person.

Business-Specific Suggestions

The two business-owners I interviewed had specific suggestions relative to the recruitment of other representatives of the for-profit sector. Laura, the fast-food franchise owner and member of Delivering Active Lives, began to recount for me the volume of requests for donations she receives. While she's happy to comply when she can, Laura is far more eager to work with organizations that take a different approach.

I think a key factor in coalition building is making each of the partners feel that they're part of it, contributing partners of it, that they have a role to play in it. Often when businesses get invited to something it's 'how much can you give?', and it's much better to be approached for the 'what can you do, what can your contribution be to solve this problem?'

Finally, small-business owner Sam of Energizing Fitness believes that a sure way to increase for-profit participation is the provision of financial incentive.

[My city] has the highest insurance tax, this is a tax, any insurance policies that we as a company have, we have health insurance, we have property insurance, malpractice whatever, they take 11 point some percent, and they tack a premium on that, that goes to the city. . . . why can't they take some of that money and say 'you know [business name], we will rebate you if you have participating either within the coalition or participation in what the coalition is trying to achieve'. . . . I think if they would throw out an incentive like that, I think you would probably at least gain the interest of for-profits.

Such a program was not discussed at any of the coalition meetings I attended, but does present an important point in terms of facilitating popular coalitions. Namely, efforts to attract members outside of the social services sector need to be couched in terms that recognize the realities and needs of those cultural groups, whether they be representatives of the business community, religious organizations, community organizations, ethnic groups, or others. These realities and needs are the focus of the next chapter.

Chapter Summary

In this chapter, I've introduced the typology of "popular" and "professional" coalitions. "Popular" coalitions achieve diverse participation from different stakeholder groups (discourse communities), including representatives of non-profit agencies, governmental agencies, small and large businesses, political leaders, community members, and any other individuals who possess a stake in the coalition's goals. "Professional" coalitions have limited diversity of participation, consisting largely or exclusively of representatives of the social services sector. While popular coalitions are well-positioned to create positive community-wide change, professional coalitions are more limited in this regard, and would do well to focus only on creating change within the represented agencies, as attempts at community-wide change are likely to result in marginalization of under-represented groups.

While some coalition members caution against coalitions that are too large in size, nearly all respondents agree that their coalitions are missing representatives of certain groups. The respondents believe that lack of knowledge, logistical issues, differences in job description, overlapping coalitions, poor recruitment efforts are responsible for these gaps in participation. Along the lines of recruitment, I found common coalition recruitment strategies, wherein coalition leaders use their existing social services networks as the basis of initial coalition invitations and coalition members express reluctance to engage in recruitment on their own, to be important factors leading to a propensity for professional coalitions. Strategies for achieving increased diversity of coalition membership include making in-person contact, holding meetings in more convenient locations, and sharing coalition success.

Overall, this chapter leads to the conclusion that coalition members and leaders must recognize the realities and needs of would-be coalition members outside of the social services sector if their coalitions are to create positive community-wide change. Muriel, whose concerns about community representation in Bridges to Health were shared in the vignette at the beginning of this chapter, exemplifies this idea with the statement I'll use to conclude the chapter:

And I think the people that start coalitions, they should research what is the community that is here right now?. . . start reaching for those communities that are there and learning about the communities. Not just saying 'Oh, you are

Latino, I want you to be here'. You know, learn a little bit about my culture. We learn about, we are here and we learn about your culture and to how to behave and talk and do all this. Why can't you learn about my culture? It just enriches us as people. I don't think a lot of people... feel that way. They don't see how much richness they could get from learning about other communities.

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Chapter Four: Everyone Throwing Starfish: Maintaining Diversity of Participation by Meeting Coalition Member Expectations

“I don’t know if you’ve ever heard the starfish story,” Greg asked in response to my interview question about his anticipated future involvement with the coalition. Action for Youth’s chairman continued:

We had two people walking down the beach and there are thousands and thousands and thousands of starfish. And they see a guy frantically throwing them back in the water and they walk over and they say, ‘well why are you doing this? It’s a waste of your time. Look at how many thousands of starfish.’ And obviously his answer is, ‘If I can save just one of these then I guess it wasn’t a waste of my time. . . .’ It’s like the starfish story. If one kid gets the message and doesn’t drink and drive and end up killing his friend because he sees the [school] play that is sponsored by [Action for Youth], then it was worth it.

By all interview accounts, there was an overwhelming sense of “it was worth it” associated with the birth of Action for Youth in 1998. With ample assistance from the Florida Prevention Research Center (FPRC), the coalition received substantial funding, including support for a full-time coordinator. Coalition members were excited by the prospect of using social marketing to create a “brand” that would entice youth to avoid tobacco and alcohol – an innovation that had not been attempted before (at least formally) in coalition practice. Meeting attendance was high, exhaustive community research was conducted, and the brand was created – complete with logo, catch-phrase, promotional stickers, a television advertisement, health fair booths, and other means of disseminating coalition ideas.

By the time 2006/7 came along, however, Chairman Greg’s continued enthusiasm notwithstanding, whether “it was worth it” had become a subject of debate both during and outside of Action for Youth meetings. The group’s funding was running out and replacement funding had not been secured. At the last meeting I attended, Gail, the full-time coordinator with a substantial background in public health promotion who had been with the coalition for several years, announced that she was leaving the group and would be replaced by a new health department employee who would be allowed to devote only half-time, at best, to the coalition. Even with a full-time coordinator, group efforts at brand promotion had markedly diminished, as a result of decreased funding, decreased membership, or both. Many of the coalition’s early supporters were nowhere to be found.

The two meetings I observed were the most sparsely attended among the five study coalitions in this research with just nine and ten persons, myself excluded. Further, each person present at the meetings represented an agency within the social services sector, which made Action for Youth the epitome of the professional coalition.

The meetings I attended in 2006 and 2007 were largely cordial, if not jovial affairs, owing to Chairman Greg's humorous personality as well as, I believe, to the relationship remaining group members have built with one another over the coalition's tenure. Behind this friendly exterior, however, each current coalition member I interviewed expressed strong concern about the group's future, and some believed that the group's familiarity and jovial nature might be getting in the way of progress toward goals. On the day we spoke, coalition member Tiffany had serious reservations about whether she would continue to devote time to the group, and she expressed frustration that the coalition was no longer meeting her expectations, as group actions were straying increasingly far from the original goals, research, and brand.

I guess at this point I'd want some assurances from whoever was leading it that, I would want to understand what the goal was, how people were being held accountable, what the point was. Like I said, I don't see much of a point.

Despite his commitment, even Greg was not optimistic in speaking with me about the coalition's future.

I feel that the life cycle of the coalition is coming towards an end. . . . You are losing a couple of key players and anyway on top of that you are losing, you don't have any funding left. The PRC doesn't have any money; they've run its funding gamut. . . . it's about resources. Because if you don't have anything in order to get your name out there, and you are not actively promoting it with either literature or putting up a flyer or a banner or doing stuff, and you don't have somebody who is actively out there, then it's out of sight, out of mind.

Thus, nearly a decade after the coalition's impressive start, few people are left "throwing starfish" with Action for Youth. Among those few, several are starting to doubt the utility of staying on the beach, as their expectations regarding coalition membership are going unmet. In this chapter, I discuss what coalition members expect to gain personally, professionally, and for their communities by virtue of participation in coalition discourse. What are these expectations? How do they differ between stakeholder types and the occupational cultures that these stakeholders represent? How can they be

met? In other words, once someone joins a coalition, how can we ensure that they keep throwing starfish?

In the last chapter, I explored diversity of coalition participation by examining barriers to initial participation in coalition discourse. As each of the coalition leaders I interviewed would agree, persuading a person to attend one coalition meeting, though difficult, is quite a simple task when compared to ensuring that the same person attends further meetings and becomes an active member of the coalition discourse community. Near the conclusion of each of my interviews with coalition members, I asked what would have to happen for the respondent to stop participating in the coalition. Many of the responses to this question fell along the lines of member expectations – coalition participation would end at the point that it was no longer worth the member's time. Laura, who drives 30-40 minutes each way from her office to attend meetings of Delivering Active Lives, expresses a notion that I heard repeatedly in the interviews – coalition participation must generate sufficient benefits to be worth the member's time.

It needs to be worthwhile, have a purpose, to keep that sense of mission and to keep people feeling that they have a piece of what's important in that group. And if they can't see what purpose there is for them or what's the use of being there? There's so many other things to take your time.

Laura's statement, echoed by many others, is also supported by a survey-based quantitative study of 668 members of five rather large South African community partnerships. In that study, El Ansari and Phillips (2004) determined that respondents must, on average, see partnership benefits as 60 percent higher than costs in order to perceive membership in the group as favorable. While El Ansari and Phillips' research establishes a quantitative target to aim for in meeting coalition member expectations, it does not account for differences in expectations between coalition members, nor, of course, does it explain what benefits are expected as individual members decide whether to contribute to coalition discourse – decisions which are largely devoid of percentages. In order to achieve diverse coalition participation, I believe that an improved understanding of coalition member expectations is required and that differences in these expectations between stakeholder groups need to be carefully considered.

To advance the knowledge-base regarding coalition member expectations, I asked a series of questions about what respondents expected to get out of coalition membership

when they joined. Differences in occupational culture, I hypothesized, would certainly account for differing expectations. As coalition members also simultaneously represent cultures beyond the workplace, however, I broadened my research in an attempt to include these multiple sites of representation. Based on my previous experience with coalitions, I hypothesized that coalition expectations existed within three realms of inquiry: personal expectations – what the respondent wanted to achieve from coalition membership of pertinence to her personal life outside of work; agency expectations – how the respondent expected that coalition membership would be of benefit to his agency/business; and community expectations – how the respondent expected the coalition would be of benefit to the community in which she lives and/or works. In seeking this information, I wanted to take a particularly close look at the expectations of two specific groups of coalition members: those representing interests outside of the social services sector and those who have indeed chosen to stop participating in coalition activities. Understanding differences in expectations between social services sector representatives and others will lead to improved understanding of best practices for moving beyond the professional coalition. Similarly, understanding the unmet expectations of those who have left their coalitions will yield insight into coalition efforts that might have prevented their departure. In sum, this chapter discusses research findings emergent from the third set of research questions as presented in chapter one.

3. What do coalition members expect to gain from participation in coalition discourse? Do expectations differ according to differences between discourse communities? What are means coalition leaders can employ to ensure that these expectations are met for multiple discourse communities?

Identifying Coalition Member Expectations

It is important to understand that coalition members come to meetings as potential representatives of multiple discourse communities and not just for the agency or business that employs them. Because of this, I asked coalition members who they saw themselves as representing in the coalition. Answers varied, though the majority of those interviewed saw themselves first as representatives of their agency or business of employment. Beyond that, some members also saw themselves as representatives of their community or region. Though the interview schedule did not elicit responses to confirm this

hypothesis, it is also reasonable to expect that coalition members bring their own personal interests and experiences to coalition discourse.

In order to achieve a complete explanation of expectations that coalition members brought with them to coalition membership, I asked a series of three interview questions ascertaining personal, agency-based, and community-based expectations. In the end, many of the responses in these three categories overlapped. Analysis of coded responses revealed that respondent expectations fall under four themes (listed in order from most- to least- commonly mentioned): networking and idea exchange, promoting agency and business goals, promoting wellness, and personal satisfaction/altruism. There is overlap between these themes. I believe, however, that a practical focus on these specific themes will encourage continued coalition participation. I will present findings under each of these thematic categories in turn, concluding each category with a discussion of ways that I observed coalitions meeting (and failing to meet) expectations. Specific suggestions for coalition practice are presented, and will be stated as supplements to the CCAT broader participation proposition in the last chapter of this dissertation.

Member Expectation One: Networking and Idea Exchange

Coalitions are by definition collaborative endeavors, so it comes as no surprise that networking and the ability to exchange ideas are the most common expectations that individuals hold of coalition membership. Respondents saw networking and idea exchange as important personally and for their communities, and especially important for their agencies/businesses.

Networking for personal gain.

Some respondents expected personal gain from connections made and information shared in the coalition. Liz, a member of Energizing Fitness whose job involves seeking and writing grants for local development projects, sees networking as a key component of her coalition involvement.

Well, it's always nice to be able to network, and you never know, you may move somewhere, and at least you have a contact if you ever move, so you know, I always think about things like that.

Bridges to Health's leader, Linda, shared an example of personal networking at a different level by noting a coalition member's attempt to serve as a matchmaker between

another coalition member and a friend. (The coalition member who was the target of this matchmaking effort was not interviewed.) Other respondents saw coalition networking and idea exchange as a source of personal gain in enhancing their performance at work. I discuss expectations relative to occupation later in this chapter.

Idea-sharing/networking for the community's benefit.

Twelve of the thirty interviewed coalition members and leaders indicated an expectation that the community would benefit from the sharing of ideas and knowledge that the coalition provides, making the coalition's role as an important source of communicative action further apparent. Jean, a hospital-based dietician and member of Community Health Partners, spoke to me in her office off the busy lobby of a hospital-owned fitness center. From her position as the only dietician in the hospital who sees outpatients, she is particularly concerned about the area's rising obesity rates and views the coalition as a means of achieving broader community involvement in combating obesity.

Maybe some helpful hints on what to do for them [community members] to be a part of this obesity epidemic. What can, how can we empower the community, or how can we inspire them or motivate them to make changes?

Sitting in her office surrounded by pictures, plaques, and certificates demonstrating her ample involvement in community health, physical activity, and education initiatives, Laura, a member of Delivering Active Lives and owner of a fast food franchise, expressed her desire to serve as a conduit of knowledge from the coalition to her small hometown a couple of counties away from the larger city that serves as the coalition's usual meeting place.

I like knowing information so if people ask I can give them an answer or know who to contact to get an answer for them. [I find use in] programs, information on solutions and approaches, anything that we can do for improving our community down here. More ideas. Maybe another view on something, maybe something I hadn't thought of yet. You know, I think all brains are better than one brain, all ideas are better than one idea. Just a better grasp of what other people are doing to improve what we do.

To summarize, some coalition members expect that the coalition will serve as a source of idea exchange and networking potential in a manner that is of benefit to the respondent's

particular community, which is generally a small portion of the geographic area the coalition purports to represent.

Idea-sharing/networking to benefit an agency or business.

While personal and community-based idea-sharing expectations are held by some coalition members, many more members expect their coalition involvement to be of benefit to the agency or business they represent. Several respondents indicated that the knowledge and expanded network their agency gains from sending a representative to coalition meetings is a primary expectation in determining coalition involvement. Cohen and Gould (2003) hypothesize two possible reasons for this expectation, both linked to agency considerations of preserving what the authors refer to as an agency's "turf." My research confirms both of these hypotheses.

Staying informed. First, Cohen and Gould suggest that agency representatives are motivated to participate in coalitions because the agency may wish to remain "in the loop" on a particular issue in order to avoid unnecessary and/or duplicate programs. Julia, a member of Community Health Partners and health educator for a county health department, views the coalition as a means of communication between state health officials and local agencies:

As the coordinator for health educators in our district, it's my responsibility to know what programs the state has researched – that are research-based. To know the needs of the people in our particular communities that we go into, so that we're not choosing programs that are of no benefit to our particular individuals that we're educating or trained to educate. So you have to know your communities. You have to know what programs are out there, that have been tried. You have to, really, you really have to talk to other people to find out what programs they're doing and if they're having success with them or not.

In more rural areas, some coalition members looked at coalition meetings as an opportunity to be updated about programs and legislation that had been adopted by policymakers and health officials at the state level. Kim, an extension worker and one of Community Health Partners' most active members, is included in this category and shares a concern often cited by individuals in her particular region about being "forgotten" by state programming decision-makers:

We always of course get an update of what's happening statewide with Fit Kentucky, on the state level of what is happening, which is obviously very important for us to be in tune with so it's not we're just out here on our own. . . .

Of course, tomorrow the guest speaker that we're having from the Governor's Office will definitely provide some insight on some activities and some things going on, because, and everything, so that helps us to know a little bit more about what's going on and things, especially with, at this end of the state (laughs).

Donna, who participates in Delivering Active Lives and works as a regional supervisor for a group of cooperative extension offices, wanted extension agents to be heavily involved in the coalition. To that end, she ensured that several local extension agents (one from nearly each county the coalition purports to represent) attend coalition meetings. In fact, extension agents comprised nearly half of the attendance at a Delivering Active Lives meeting I observed. Donna described the ability for her agents to work with other agencies as her key coalition expectation.

The opportunity for collaboration. That's, for us, I think that is the biggest benefit for joining any type of collaboration, because for us, we cannot offer programs by ourselves. And why would you want to? It's just more beneficial to work with other organizations to deliver programs.

Maintaining influence. The second explanation of the importance agency representatives place on coalition-based networking and idea exchange is that they do not want to be left out of discourse about topics within the agency's sphere of influence. According to Cohen and Gould (2003), an agency might see an organization such as a coalition as a potential threat to its power, raising the possibility of funding streams being rerouted, agency credibility being minimized, or public debate being reframed away from agency programs and goals. Cheryl, Community Health Partners' leader, is an excellent example of someone who wants her own health agency to stay heavily involved in setting the direction of local health-based decision-making. This desire for influence is a key part of Cheryl's motivation to lead the coalition. Notably, Cheryl's agency was well-represented at both of the Community Health Partners meetings I attended.

I think obviously it's good for [my agency] to have a regional coalition leader from [my agency]. Whoever the coalition leader is, I think it's going to benefit their agency, be it a health department, you know, cooperative extension. . . . I guess my goal was to make sure that, you know, whatever develops, that [my agency] was a part of that. No matter if it was on a small scale or a large scale, we want to be a part of it.

Based on remarks in other interviews, it is clear that there is a history of "turf battles" in the region Community Health Partners purports to represent, as Cheryl's agency, which is

also regional in scope, has competed for grants with more localized county agencies. Not all of the members of Community Health Partners hold Cheryl's agency in high regard. However, these individuals still attend coalition meetings, an occurrence which supports Cohen and Gould's hypothesis.

Securing funding. Underlying Cohen and Gould's assertion about coalition membership as a means of avoiding loss of agency power is the issue of funding. In this research, some coalition members expected that active coalition participation would lead to financial benefit for their agencies. A total of five respondents indicated an expectation that coalition membership would assist in generating agency funding, including Dawn, an extension representative who did not receive the support she had hoped from her membership in Community Health Partners.

Hopefully, I was really looking for some funding to present programs, but they don't have any (laughs). . . . Being able to purchase incentives [for program participants], to get programs going like [two program names]. I've done those programs, but the funding that I did those programs with is no longer available, and I'm just looking for some alternatives to keep the programs that I already have.

As our interview stretched beyond an hour after a series of interruptions, Energizing Fitness leader Lisa good-naturedly spoke of anticipating a positive return for her agency's investment in the coalition:

You know, our budget picks up my salary, so the work that I put into it is taken care of by the agency, whether it's copying materials or sending e-mails or the time I spend talking to folks like Chad Morris (laughs), you know, all of that kind of is, the bill is footed by the agency. But on the other hand, it also brings good things to the health department. . . . For example, I'm making lots of connections all over the state. I am networking with people who are in position to either know of grant money, or know of extra funding, or whatever programs, that can then connect me to the opportunity to get that funding. And that's happened, as a result of my participation.

It is likely that the achievement of funding, whether directly through the coalition (as in Energizing Fitness' program offering mini-grants to multiple agencies, described below), or in a more indirect way through grants obtained or business gained through information and goodwill generated through coalition membership, is in some way a factor involved in coalition membership decisions for far more than five of the thirty agency representatives interviewed.

Appeal for the social services sector. Agency-based expectations of networking and idea exchange as cited above each hold one important factor in common: they were voiced in this research exclusively by members of the social services sector. This is not to say that representatives of other sectors are not motivated by the ability to make new contacts and learn new ideas in coalition discourse, but these motivations are just not as strong outside of the social services sector. Thus, leaders of professional coalitions would do well to focus strongly on meeting member expectations in terms of networking and idea-sharing opportunities. Strategies for achieving this focus are described in the next section. Leaders of popular coalitions should also focus on this area but should realize that members who work outside of the social services sector are less motivated by networking and idea exchange than by the coalition's potential for positive influence on local communities.

Achieving networking and idea exchange in practice.

Interviews and participant observation revealed several means of promoting idea-sharing and networking at coalition meetings, as well as some means of inhibiting such exchange. Best practices for meeting coalition member expectations are described below.

Promoting networking/idea-sharing. Some form of networking took place at each of the meetings I attended, which afforded me the opportunity to take note of effective strategies for meeting members' networking expectations. In all meetings, networking occurred most commonly before and after meetings as well as during breaks. In the more established coalitions such as Action for Youth and Bridges to Health this networking was more pronounced because of an enhanced level of familiarity between the members. As Betty, one of the original members of Bridges to Health puts it: "*I really enjoy when we meet. I think there is a camaraderie.*"

Leaders of some of the coalitions mention attempts to incorporate networking opportunities into meeting agendas. For instance, Lisa, the leader of Energizing Fitness, described to me the importance she places on including a moment for sharing new programs or ideas toward the end of each meeting.

We want to have a set kind of format to go by so that the meetings are run in an orderly fashion but also leaving time in each meeting for lots of sharing and interplay back and forth between the groups that are represented there.

The “set kind of format” Lisa describes is typically written into meeting agendas, which are distributed to coalition members upon their arrival at Energizing Fitness meetings.³⁴ Focus on allowing time for idea exchange during meetings is a good way in coalition practice not only to enhance participation, but to encourage dissemination of coalition-derived ideas as well. As mentioned by coalition members and observed in coalition meetings, successful strategies along these lines include making time for open sharing of ideas and programs at coalition meetings, frequently updating and sharing coalition rosters with member contact information, and, though in many cases more difficult, working harder to include “key players” such as political and community leaders in a coalition, including representatives of marginalized groups—in other words, working to achieve a popular, as opposed to professional, coalition. Importantly, I have observed that networking is not enhanced in coalitions whose meetings take longer than advertised, which can cause many members to leave quite quickly after the meeting, as opposed to staying for a few minutes of informal conversation with coalition members. Strategies for increasing communicative action within coalition meetings will be discussed in the next chapter.

Promoting financial benefit. As some coalition members from the social services sector come to meetings expecting the possibility of financial gain for their agency, an increase in coalition participation, along with a concurrent increase in communicative action, might reasonably be achieved through efforts to make evident and/or increase the availability of financial benefit for coalition members. The leader of Bridges to Health, for instance, makes an effort to send e-mails advising coalition members of grant opportunities and offering to help in writing grant applications. A decision by leaders of Energizing Fitness to divide the small amount of funding the coalition receives into small grants to be distributed by local agencies (including coalition-member agencies) is another strategy that appears to be encouraging increased participation, if solely from the social services sector. For instance, at the first Energizing Fitness meeting I attended, members were discussing the wording of a letter to schools advertising a set of grants they had decided to award to encourage physical activity. In his

³⁴ The influence of meeting agendas is described in detail in chapter five.

response to my question about the young coalition's accomplishments thus far, Dan, a member of the coalition's grant committee, explained:

Information about workshops, grant writing, and so on. The only concrete result, and it's really not a fait accompli yet, is a mini-grant for \$2000, that was procured through the Kellogg Foundation, and this we decided as [Energizing Fitness], would be better spent by dividing it up and, it was for the school, it's intended for the school, offering schools to apply for \$200 grants, to help them implement some program, preferably a training program, that would help them lead fitness classes, increase physical activity, that's our primary aim. So we have collected the grant applications, and next week we're going to look over these, we being a committee of four from the coalition, and decide who gets \$200.

Indeed, a representative of a local school system that had been awarded a coalition grant was present at the second Energizing Fitness meeting I attended. Moreover, plans were being made at the second meeting to create a similar grant program open to all social services agencies in the region instead of just local schools. Coalition members expressed immediate positive interest when the leader shared this idea. Of course, there are possible consequences associated with this strategy, including loss of resources the coalition as a whole could use to promote universal norms and the possibility of increased competition between members of the same coalition. In the case of Energizing Fitness, however, the program resulted in a more diverse membership base while maintaining the interest of existing members. Such funding possibilities may be quite attractive to representatives of social service agencies but less so to individuals outside of the social services sector.³⁵

Member Expectation Two: Promoting Agency and Business Goals

Second to networking and idea exchange, the ability to promote agency goals was the next most common expectation of coalition membership that I encountered in interviews. Generally speaking, this theme includes responses from individuals who serve as coalition members because of the alignment of coalition goals with the mission of the agency or business the member represents.

Overlapping goals for members of the social services sector.

For some coalition members, personal goals and agency goals overlap. For example, when asked what personal expectations they had regarding coalition

³⁵ Sam's suggestion that Energizing Fitness work with his city to subsidize insurance taxes for businesses that participate in the coalition (presented in the last chapter) is an exception that may well be worth exploring as a means of achieving increased participation from the for-profit sector.

membership, five out of the thirty respondents referenced their chosen profession, including Susan, one of the leaders of Delivering Active Lives, who said:

I don't expect personally to get anything other than, it's, this is what my profession is. I chose this, dietetics and diabetes education, and in my mindset, there's almost not a line drawn when you walk out the door. This is your profession.

From his office at a city YMCA, Jeff, a member of Delivering Active Lives, cited a combination of personal and occupational values in his decision to participate in the coalition:

You know, I don't think I personally expected anything. . . . I just, you know, it's the right thing to do, I had a sense of obligation to do it. It comes from my work at the Y, it also comes from my compassion as a Christian and, you know, it's just the right thing to do.

Fortunately, some coalition members join a particular coalition for the same reason they enjoy their social service sector job – they feel strongly about the goals common to both.³⁶ In this research, I encountered some amazingly dedicated individuals who seem to embody coalition health goals in everything they do. While it follows that such individuals are among the easiest to persuade to remain involved in coalition discourse, such individuals also typically work in the social services sector, exhibiting the sort of shared cultural beliefs that bind together an occupational culture (Trice 1993), and further explaining the trend toward professional coalitions discussed in the last chapter. This is not to say that the expectations of these individuals should be ignored, but rather to indicate that, so long as a coalition maintains its mission, these members are more likely than others to continue participating in coalition discourse.

Furthering agency goals.

While personal and agency-based goals do not necessarily overlap for all coalition members, most members do expect that their coalition membership will serve to further the goals of the agencies they represent. In other words, for many, coalition membership is simply a function of their job. Few respondents reported being required by their

³⁶ While I have insufficient data to formally draw such a conclusion, it seems as though coalition members who perceive coalition membership to be of personal benefit to them in some way are more satisfied with their coalition than those who expect no personal benefit. This happiness translates into added willingness to take an active role in coalition meetings and other activities. This hypothesis is worthy of further exploration.

superiors to participate in the coalition; instead, they had the freedom to choose whether or not to participate. There is, however, an agency assumption that some benefit will come from paying for the time the member spends traveling to and attending coalition meetings, as members return to their workplaces with ideas about grant opportunities, announcements from state officials, and/or knowledge of what other agencies are doing. Seven of the thirty respondents mentioned that coalition goals were a “good fit” with the goals of their own agency. This response was particularly common among respondents who work with public health agencies, such as Energizing Fitness’ leader, Lisa, who stated:

Of course in our case, this is a public health agency, and many of our initiatives do focus around educating the community about how to have good health. So it’s a good fit for our agency to be involved in a coalition of this nature.

Considering representatives outside the social services sector. While the “good fit” Lisa discusses here renders representatives of social service agencies more likely to contribute to coalition discourse, assumptions that all present work for agencies that share similar goals can be off-putting to coalition members outside of the social services sector. Another member of Energizing Fitness, Sam, owns a small business. His position outside the social services sector led him to feel uncomfortable at coalition meetings.

I feel a little bit like a fish out of water at those meetings. . . . I don’t feel real comfortable at the meetings; therefore I don’t really participate. . . . I feel like there’s so few, and again I’ve set up this barrier between for-profits and non-profits, which maybe is an unfair one, but I feel like I’m so different than the rest of them that maybe I don’t have anything to give to the group, that they kind of have their own agenda, it’s very different than mine.

Though Sam told me that he still plans to attend coalition meetings, it seems likely that his contributions to those meetings will be diminished as a result of his discomfort. Indeed, at the meeting I observed with Sam in attendance, he had very little to say. This is troubling, as I found the ideas Sam shared in our interview to be of potentially great help to the coalition.

A possible contributing factor to Sam’s discomfort may be a by-product of the disproportionate participation of the social service sector in study coalitions – a cultural tendency among social services sector workers to celebrate and glorify accomplishments. At least one member of Delivering Active Lives did not like the coalition’s self-

congratulatory tendencies. George, a member of the social science faculty at a regional community college, had this to say about that coalition's tendency to celebrate its work to the detriment of his desire for meaningful community change:

Well, it's stuff that makes you feel good, you know, all that, you know, the people that lost 5000 pounds after they decided they were going to change their life. Well that's great for those individuals but it doesn't change public health, you know. . . . It's those kinds of activities, it's talking about "how much fun we had with doing a parks and recreation program, and we had balloon toss and eggs and dunking booth and we also had brochures about how to be healthy, and the weather was great and we had Subway sandwiches and we got Subway to donate all this stuff and, oh man it was a great time had by all," but not a damn thing was accomplished in it, you know. . . . I'm not in it for the fun. I'm in it to see some change.

In the end, it is important to understand that occupational celebration does not appear to please all coalition members equally and serves to exclude representatives of the for-profit sector and others who would prefer a more change-driven process.

While coalition membership and participation may be a "good fit" for representatives of social service agencies, it should be recognized that this is not necessarily a key motivator for others, and, in fact, can be a barrier to participation. Individuals such as Sam and George would prefer to focus in coalition meetings on coordinating tasks commensurate with coalition goals – behavior perhaps more in keeping with their own occupational cultures. Participant observation revealed a correlation between clarity of a coalition's goals and discussion of specific tasks as opposed to "stuff that makes you feel good." Coalition goals are discussed further in the next section.

Promoting a positive public image.

While expectations differ regarding whether a coalition should be a "good fit" for a coalition member's employer, a key expectation that representatives of the social services sector and the for-profit sector alike wish to extract from coalition participation is positive promotion of the agency or business itself. For instance, Jeff, a YMCA director, hopes to extend his coalition participation into improved community perception of his facility.

I want the community to see that the YMCA is more than a place to just, it's more than a health club, but it's a place where we take care of kids, we take care of

adults, we take care of seniors, a place where we teach swim lessons. And I saw being on the committee as a good vehicle to further communicate that out to the people on the coalition.

Betty, a long-time member of Bridges to Health who is charged with supervising health promotion programs at an urban health department, views the coalition as a means of improving local awareness of health department services:

Oh I think, and I've seen this, that they realize what we do at the health department. What we have to offer. And they really do call on us. We've just gotten busier and busier and busier. Because they look at us as a resource, the go-to people when they need something within this realm of health.

In the for-profit sector, Delivering Active Lives' Laura acknowledges the positive public image gained by her fast-food establishments when she participates in health-based coalitions. Even Sam of Energizing Fitness, despite his discomfort at coalition meetings, believes that coalition participation puts him in a positive light in the eyes of his employees.

You know it's probably more just the involvement in the community. I think, my employees here I think expect me to be involved in the community.

The finding that coalition members from within and outside the social services sector expect positive recognition as a result of their coalition membership is significant, as it represents a rare example of overlapping expectations. Leaders of coalitions that seek to maximize diversity of participation would do well to maximize positive public relations opportunities for coalition members from both the social services and for-profit sectors. The example below further demonstrates how recognition of member contributions can lead in coalition meetings to increased member satisfaction, as well as to additional contributions from other members.

Achieving promotion of agency and business goals in practice.

Emphasizing a coalition's alignment with the goals of coalition members and/or the agencies they represent was most effectively accomplished in this research in two ways: 1) recognizing member contributions; and 2) setting clearly defined and limited coalition goals.

Recognizing member contributions. During this research, formal recognition of coalition member agencies was typically done by the coalition leader(s) in full meetings

of the coalition. This recognition most commonly occurred in the form of welcoming new members or thanking members for their contributions. A positive example of such acknowledgement came in a meeting of Bridges to Health, where a coalition member had included in a presentation on changes to the group's summer physical activity program for youth both specific data related to program effectiveness (e.g., number of participants) and a slide showing which coalition member-agencies had promised to help with the upcoming iteration of the program and specifically listed their contributions. I noted that this part of the presentation immediately had the effect of: 1) making those who had agreed to contribute feel positive about their contribution; and 2) encouraging other agency representatives in the room to volunteer contributions of their own. Paying attention to member contributions in this way—both with reference to positive outcomes of past coalition activities and giving credit to contributors—was still seen by coalition members as goal-oriented, as opposed to merely rehashing prior events without active progress toward coalition goals.

Other meaningful efforts at recognizing member contributions were made by Linda, the leader of Bridges to Health. In the two meetings I observed for this research, I witnessed Linda's many casual references to ways in which individual members had helped advance the coalition's work, and a wrapped gift given to a member who was moving from the area. Coalition member Susanna remarked that Linda took the time to meet with coalition members individually for lunch on occasion. Most of the coalition members I spoke with seemed clearly pleased with Linda's generosity overall in praising member contributions. Similar efforts were made by the leaders of most of the other coalitions although not to the same extent. Increasing public recognition of member contributions would seem to be an effective tool for encouraging active involvement from individuals on both sides of the social services sector divide. Importantly, many of the interviewed individuals who had left a study coalition, or who expressed plans to leave in the near future, listed failure of the coalition to recognize their contributions as an important reason for leaving. Thus, it seems that this recognition is an important part of meeting coalition member expectations.

Setting clearly defined and limited coalition goals. Aside from meeting the expectations of coalition members by recognizing their contributions, coalition leaders

can promote continued participation by emphasizing goals in common between the coalition and social services agencies. While business-owner Sam and professor George object to minimal emphasis on the for-profit sector and the tendency of social services sector representatives to celebrate “stuff that makes you feel good,” my interviews with both men revealed that their frustrations were more deeply rooted in the failures of their respective coalitions to set clear goals. George’s identification of a need for goal setting is representative of many similar statements I heard over the course of the interviews. Within Delivering Active Lives alone, leader Susan saw the coalition’s goals as poorly defined.

Well, we need to get more defined – who we are and what our goals are and what we’re going to do. You know, people don’t want to meet just to meet, so we need to be a little more structured, I think.

Laura from Delivering Active Lives also noticed a lack of direction for the coalition.

I think we have a mission statement I think we developed already. We need to outline what our goals are, and then have people responsible probably for one or two goals. . . . And, you know, have some deadlines and some outcome possibilities – go from there.

George, Susan, and Laura’s comments about a need for improved coalition goals echo suggestions about goal-setting found in much of the coalition literature (e.g., Roberts 2004, Berkowitz and Wolff 2000, Butterfoss 2007). Hallfors, *et al.* (2002) take the additional step of recommending that coalition goals should be limited and clearly focused in order to allow a coalition to focus on creating programs that are based on community needs.

Indeed, poorly defined goals were not exclusive to Delivering Active Lives in this research. I wanted to get a sense of whether there exists a common understanding of goals among the membership of each study coalition. Table 4.1 contains a series of responses to one of the earliest questions in the interview schedule: “What is the purpose of the coalition?” As you examine the table, look for differences between the two coalitions in how clearly and uniformly members are able to articulate their coalition’s purpose.

As Table 4.1 shows, members of Bridges to Health articulate their coalition’s goal – promotion of nutrition and fitness among nine to thirteen year-olds – quite uniformly.

Members of Community Health Partners, on the other hand, demonstrate much wider variation in articulation of coalition goals, ranging from prevention of childhood obesity to promoting interagency collaboration. Perhaps more striking is the breadth of coalition goals as stated by members of Community Health Partners. Goal statements from members of Bridges to Health are more focused. It is evident that members of Community Health Partners are much less in agreement regarding the coalition's purpose

Table 4.1: Comparison of responses to: "What is the purpose of the coalition?"

Bridges to Health	Community Health Partners
Coalition Purpose According to Leader	Coalition Purpose According to Leader
<i>Our mission is to make healthy eating and regular physical activity accessible and popular to [area] tweens in their homes, their schools, and their communities.</i>	<i>This is a partnership between agencies who are promoting a common cause, coming together to promote physical activity, nutrition, and reducing incidences of obesity, increasing wellness, increasing people feeling good.</i>
<i>Helping tweens. . . become physically active, healthy.</i>	<i>I guess further educate... and bring together everybody – a chance to talk about the different things that are happening within their organizations, where they can collaborate. . . . where we're not duplicating an effort as much.</i>
<i>Really focus on a specific age group and a specific problem, which is lack of physical activity.</i>	<i>We want of course to prevent childhood obesity.</i>
<i>To erase obesity in the population, in the tweens population, that's children between the ages of 9 and 13.</i>	<i>To evaluate where we are in educating people about the need to, for healthy eating, physical activity, that kind of thing, and then see where we need to go in a direction to improve that.</i>
<i>Discuss various activities that we can provide to children, particularly between the ages of 10 and 13, to try to get them more involved either in activities at a facility or at their house.</i>	<i>Address the 2010 objectives that the state has set forth, that have been agreed upon at a much higher level than us, are important for the health of Kentuckians. And so we are just taking those objectives and bringing them down to what's important for the people in our particular district.</i>
<i>Improving nutrition and fitness and physical activity environments in groups of children between the ages of 9 and 13.</i>	<i>I see it improving health in general with emphasis on physical activity and improving nutrition.</i>

and target audience than respondents from Bridges to Health. Why does this matter? The ideas that coalition members share and the activities they suggest are functions of their perception of the coalition's purpose. If everyone around the table has a slightly different understanding of the coalition's purpose, it will be that much more difficult for the group to agree on appropriate ideas and activities to pursue. This disagreement leads a coalition to undertake actions that are outside of the expectations and desires of some of its members, creating a sense of frustration for those members. It seems clear from this research that coalitions, such as Delivering Active Lives and Community Health Partners, that start in a more timid fashion relative to goal-setting (e.g., adopting a broad goal statement such as "improve local health," ostensibly in an effort to appeal to a broad membership base) run the risk of frustrating much of that membership base as the group moves forward and member expectations go unmet. Indeed, I found that respondents from coalitions whose members did not uniformly articulate the group's purpose were more likely to be dissatisfied with the coalition's progress. I found the highest rates of member satisfaction in Bridges to Health, whose members have: a) a uniform understanding of the coalition's purpose, as revealed in the table above; and b) specific goals limited to a specific target audience (i.e., improving fitness and nutrition in 9-13 year olds).

I did not witness a specific set of best practices for coalition goal-setting in this research, largely because I was not present at the genesis of these coalitions. Based on this research, my recommendation is simply that coalition leaders ensure that coalition goals are not too broad in scope, and that these goals are consistently communicated to coalition members. A coalition's approach to goal-setting is to some extent immaterial, so long as all coalition members are involved in the discourse. I like to think of early conversations about goal-setting as setting a pattern for the ongoing open exchange of ideas. If that pattern has not been set early in a coalition's existence, the potential that member expectations will be met decreases.

Just as important as goal-setting early in the coalition process is ongoing revision of goals and sharing of goals as new members join. After all, as noted at the beginning of this chapter, Action for Youth began with a set of goals just as clear and focused as those set by Bridges to Health. Failure to focus on refining those goals over the course of the

coalition's existence has lead to the frustrations expressed by Action for Youth members Tiffany, Greg, and Joan. Specifically, Joan said:

I think that we need to have a little bit more of a mission. The mission is vague. I shouldn't say that. It's tobacco and alcohol prevention in middle schools. But I guess I need more tasks, more meat. I don't want to just come in there and talk about whatever, the same old, same old. I think we need a new focus. We need a project. A little more of a goal oriented group with some new stuff.

In both of the Action for Youth meetings I attended, I witnessed heated exchanges about whether the group's current programs related to its original goals and whether those goals were possible in light of diminished funding. In the case of this coalition, outdated goals seem just as likely as nonexistent goals to engender member dissatisfaction. In addition to ensuring limited and clearly-defined goals, coalition leaders should be willing to lead the group in reassessment of these goals as the coalition moves forward.

Member Expectation Three: Promoting Wellness

Not surprisingly (and germane to the above discussion of coalition goals) some of the coalition members I interviewed held the reasonable expectation that the coalition would promote wellness, whether personally, in a business/agency, or in the community. I consider promoting wellness to be a separate theme in my analysis of coalition member expectations simply because "promoting wellness" is broader in scope than promoting agency agendas as described above. This breadth means that representatives of all sectors (not just the social services sector) see promotion of wellness as an expectation, indicating another important area of overlapping expectations.

Promoting community wellness.

Energizing Fitness' Dan, whose career in training physical educators informs his response to my query, expects that the coalition will benefit the community by raising local awareness of obesity.

I would hope they would get more concerned, more motivated, and actually do something to increase physical activity for kids. And by that I mean increasing physical education programs, good physical education programs in the schools, improving nutrition and all the other things that go along with wellness for the schools, school kids.

Susanna, an original member of Bridges to Health, believes that the coalition has met her expectations for promoting youth wellness.

Well we were really hoping with all the big guns around the table. . . . and all of this sophisticated and well-researched social marketing information that we were getting, I expected that we would make a difference. I expected that we could affect the way [area youth] move, or make them move more. I really did expect that.

As mentioned by Dan, Susanna, and other coalition members, expectations that coalition discourse will result in community-wide change have been held by millions of coalition members since the earliest days of the North Karelia Project. Though these expectations of community-wide change are misplaced in the professional coalition, they remain important contributors to coalition participation.

Promoting wellness at an agency or business.

Some coalition member expectations regarding promotion of wellness are not focused entirely on a community. Representatives of the for-profit sector, Sam of Energizing Fitness, Laura of Delivering Active Lives, and Rebecca of Energizing Fitness, expressed a desire to use coalition membership as a means of inspiring improved health for their employees. Worksite wellness programs were discussed in meetings of three of the study coalitions because the topic is also the focus of social services sector representatives seeking audiences for health promotion programs. Sam, sitting in his retail shop, spoke with me about incentives for employee wellness he had recently implemented.

We're tiny, but we've had ten of us that have joined the health club and kind of better our lot here physically, and so, you know, did that come out of the coalition? I don't know, but it probably did. It was probably something there that said, you know, we're going to be more than just attending the meeting, we need to start acting like we're concerned with wellness, and this is one little thing we can do, and it's selfish, it's for ourselves, but we've got to start with ourselves.

It is likely that this finding cannot be generalized to coalitions working to address non-obesity related topics. All the same, the idea of wellness promotion for an agency or business as a benefit of coalition membership may be a productive point of emphasis for any health-related coalition that would seek to include participation from the private sector.

Promoting personal wellness.

Coalitions created to achieve health-related goals often cause their members to consider their own health, in addition to the health of those close to them. For this reason, four of the thirty respondents mentioned a personal expectation that their own health or the health of their family might be improved through coalition membership. One of those four respondents, Susanna, has been inspired by her membership in Bridges to Health to make healthy changes to her lifestyle.

Well, you know again you can't help but go to those meetings and come away thinking about how can I be healthier. So you know, just my personal health. I lost this weight. I just turned 50 so there are all of these things in my personal life sort of converging that encouraged me to just think about a healthier lifestyle.

Kim, a member of Community Health Partners, is just over half of Susanna's age but still has cause to reflect on the application of coalition teachings in her own life, as well as in her work with local youth.

It's kind of a personal drive in the fact that obesity is a problem in my family and I've had one parent who was a role model in regards to exercise and such but one that maybe not as much in regards to nutrition, but they both balanced work with family quite well and everything so I guess just for me personally I know that it's a family struggle and it's a personal struggle to be healthy, and especially balancing work and life.

Achieving wellness promotion in practice.

In some of the study coalitions, leaders ensured that coalition meetings included opportunities for members to “practice what they preached.” Respondents spoke kindly of these opportunities to improve their own health at coalition meetings. For instance, I observed healthy snacks being served at meetings of Bridges to Health, Community Health Partners, and Delivering Active Lives, a request by a coalition leader that Halloween candy that had been placed in the meeting room by health department staff members be removed prior to a meeting, coalition members with Community Health Partners visibly interacting in an excited and more energetic way after having spent the morning playing games as part of a “Getting Kids Physically Active” training session, and lulls in meetings broken up with short and playful physical activity breaks. While Community Health Partners leader Cheryl suspected that some coalition members avoided the morning physical activity training because of the required exertion, the other

activities, such as short physical activity breaks and serving healthy meals/snacks, are generally enjoyed by coalition members, while reinforcing the focus of these obesity prevention coalitions.

Member Expectation Four: Personal Satisfaction/Altruism

Finally, some respondents mentioned feelings of personal satisfaction as an expectation they associate with coalition participation. As we sat and chatted in his living room on a snowy January day, Dan, a retired physical education professor, shared with me his thoughts on staying active during retirement. Dan's activity, including his participation in Energizing Fitness, comes from his desire to "give back" to his community:

Sometimes we feel I think when we retire that it's a time when we can pay back. We continue to be involved and share what we know, not become obsolete, obsolescent, but continue to grow with the times and be a contributing member of society.

Sam with Energizing Fitness sees the opportunity to "give something back" to his community as a personal responsibility in his career as a business owner and finds a sense of personal satisfaction in his participation in activities such as the coalition:

I kind of look at as my responsibility to give something back. I don't get paid for doing any of those duties, it certainly takes time away from your job, from your family, to do those things, but it's really more of a personal satisfaction that I get from participating.

Coalition leaders were most apt in this research to cite personal satisfaction as a benefit of their coalition involvement. Action for Youth leader Greg's starfish parable, which began this chapter, is one example. Another comes from Energizing Fitness leader Lisa's outlook on coalition accomplishments.

Satisfaction. You know, I come from a social work background, I worked in it for 27 years, and people would ask me "how can you handle working with Child Protective Services and foster care and adoptions work all that time?" I'm the kind of person who, if I get one little small success, I feel a lot of personal satisfaction from it. And I think that that is what motivates me, if I see something really cool happen like the [physical activity] conference that we pulled off last year, that was to me a major success for our area, and so I felt great about it.

While prolonged celebrations of successful coalition programs have previously been discussed as off-putting to coalition members outside of the social service sector, it seems

important to note that expectations of personal satisfaction are shared by many coalition members. Along with the expectation of achievement of agency and business goals, personal satisfaction may be emphasized in coalition practice through acknowledgment of the contributions of coalition members.

Different Expectations: Members Who do Not Represent the Social Services Sector

In this section I focus on the expectations of the four respondents in this research who work outside of the social services sector. Understanding and meeting the expectations of non-social services sector individuals is a task that must be accomplished in order to achieve a popular coalition. Four individuals representing discourse communities and occupational cultures outside the social services sector were interviewed in this research: a small business owner (Sam of Energizing Fitness), a city government worker (Rebecca of Energizing Fitness), a museum director (Susanna of Bridges to Health), and a fast-food franchise owner (Laura of Delivering Active Lives). It is not, of course, possible to generalize the beliefs of all individuals outside the social services sector based on the responses of four individuals. Nonetheless, it is clear that these individuals report some differences in expectations regarding coalition membership when compared to their social services sector counterparts.

Whereas expectations such as networking, job fulfillment, and grant-seeking appear to be common among social services sector-based coalition members, business owners and other non-social services sector representatives appear in this small sample to be more highly motivated by sharing information and ideas with local communities (as opposed to with agencies), as well as by achieving positive public relations. These concepts were mentioned with relatively equal frequency across the personal, agency, and community expectation questions.

Sharing Information and Ideas with Local Communities

Delivering Active Lives' Laura, despite her busy schedule as the owner of a fast food franchise, takes time to be involved in many health- and education-based community groups. Laura cites her desire to help improve her own community as the primary motivation behind her involvement in these groups, particularly given her community's quite rural location. From her office 30-40 minutes away from the city where Delivering Active Lives meets regularly, Laura shared with me her expectation

that coalition involvement would bring personal satisfaction alongside a source of ideas to bring back to the community:

I think the best thing. . . if we can save money and share ideas and make a good idea bigger if there's a good idea out there, or personalize it and make it smaller for our community so that the people here feel that it's something that they want to do.

Importantly within the context of communicative action, Laura does not view Delivering Active Lives as a key source of change within her local community. Instead, she envisions using coalition meetings as a means of obtaining ideas that may be augmented for use within her community. This phenomenon is described further in chapter six. Leaders and members of three of the study coalitions (Delivering Active Lives, Energizing Fitness, and Community Health Partners) made reference to this particular type of coalition influence during meetings I attended. The most common term associated with this influence was “information clearinghouse” because coalition members envisioned clear benefit to local communities in the simple sharing of ideas (e.g. current health classes being held locally, agencies to contact for more information about specific health topics), without any need for coalitions themselves to design programs.

The three coalitions that seek to serve as “information clearinghouses” are also this study’s three regional coalitions, each of which is comprised of an urban area surrounded by multiple rural counties. Rebecca of Energizing Fitness echoed the concept of coalition as source of personal ideas while sharing with me a fact she learned about her own child’s local school:

Opportunities, you know sometimes people just need ideas... I didn't realize that a lot of the children didn't have physical activity in school. I didn't realize that PE, when I was in school it was every day, an hour a day. . . . So, I think for the community, just getting ideas, and you know you can be active you can do physical activity and have fun at the same time. . . . You can play ball with your kids or go to the park or take a walk. Just simple little things that you can do.

The “simple little things” that Rebecca mentions from her perspective as a parent and city government employee were indeed eye-opening to her and came as a direct result of having attended coalition meetings, allowing her to make her concerns known to school officials. From her post outside the social services sector, Rebecca has not been as privy to nutrition and fitness education as have her social services sector counterparts on the

coalition, meaning that these lessons are, to her, an important component of her coalition membership. In many ways, individuals such as Rebecca represent fresh voices at coalition meetings, capable of grounding coalition efforts in local understandings that social-services sector members may falsely perceive to be common knowledge (e.g., the knowledge that physical activity is no longer a component of each school day).

Achieving Positive Public Relations

Of course, Rebecca did not first wander into an Energizing Fitness meeting in search of nutrition and fitness tips for her child. Instead, the task of attending the meetings fell to her after another city worker left his position in risk management, causing other city employees to divide his tasks. Rebecca describes her primary expectation of coalition membership as part-public relations and part-cost control for the city:

We have those same goals, we want to get fit, we want our employees to be fit. It helps. It helps us, it helps our insurance cost, it helps our liability, it helps our workers comp. You know, if our people are physically active.

Positive public relations are also on Susanna's mind as she participates in coalition meetings. She sees her membership in Bridges to Health as a way to ensure that key community stakeholders who work with youth maintain awareness of the museum she directs:

[I expected] some more exposure. . . . just all of these different people around the table would learn about us. We did change our name two years ago. . . . So I'm constantly putting that name out there so that people get used to it again.

Delivering Active Lives' Laura has a similar benefit in mind for her fast food franchise, which has increasingly come under attack nationally for contributions to rising rates of heart disease, obesity, and other nutrition-based diseases:

We have, I think, good menu items. People don't necessarily choose wisely what those items are. The more I can educate myself to help people get to the point where they make those better choices, it gives me healthier customers, purely from a business standpoint, and we have healthy happy people and employees that are in my base of operations. It also helps in terms of image if we're out there helping solve the problem instead of solving the problem. I'd rather be part of the solution.

Though not shared by all coalition members, the expectation that coalition membership will result in positive public relations for an individual's business or agency is shared by several other coalition members who represent, for instance, YMCAs, health departments, and other social service agencies. Again, it would be wise for coalition leaders to be mindful of this source of common ground between coalition members both within and outside of the social services sector.

Coalition leaders are faced with a challenging task in attempting to please stakeholders from many different walks of life in a single coalition meeting. Long periods of discussion of grant opportunities and detailed descriptions of the activities of local health agencies are highly likely to be seen as unproductive by some coalition members, while such activities are primary motivators for others to attend. This difficulty in meeting expectations likely explains a large part of the gap between popular and professional coalitions. Quite simply, it is much easier to meet the expectations of coalition members in the professional coalition, as those expectations are much more likely to overlap. Further, as coalitions are typically led by individuals from the social services sector (a reality that is a function of coalition funding mechanisms) it follows that coalition leaders themselves are not necessarily attuned to the expectations of members outside of the social services sector. Added focus on meeting these expectations will aid a coalition's transition from professional to popular, thereby allowing the coalition to better represent the community.

Those Who Left the Coalition

Understanding explanations of reasons for decreased coalition participation yields important insight into factors that may contribute to unmet expectations. This research is unique in that it involves the selection of a specific group of respondents who were deemed by coalition leaders to be persons who rarely or no longer attend coalition meetings. Four respondents fit this category, one for each coalition with the exception of Delivering Active Lives, whose leader was unable to identify someone who fit this category owing to the group's youth. Their reasons for decreased coalition participation are described in this section.

All four of the respondents in the rarely/no longer attending category told me that a lack of time was to blame for their reduced participation. Jill, speaking to me in her

sun-drenched extension office overlooking a wildlife-filled pond, saw her decision to stop attending meetings of Action for Youth as a simple matter of prioritizing tasks that better met her own job description.

The coalition didn't cause me to leave. It was nothing they did. It was just a matter of not having as much time anymore.

Jill elaborated by citing a shift in her agency's priorities, away from substance abuse and toward nutrition:

I mean we certainly do deal with health here. But actually probably one of the reasons [I stopped attending] is because our family nutrition program got so big and so then it started consuming a whole lot more time. And there weren't as many ways to use this information in our work.

Julia, who was identified by Community Health Partners' leader as having stopped attending, pointed out that her lack of attendance does not mean that she has not sent other representatives of her agency to the meeting. In fact, Julia believed that information exchanged at coalition meetings would be of more use to her subordinates than to her, but she claimed to attend meetings occasionally:

One of the reasons that I don't try to attend all of the subcommittees is that I want the educators that work with me to have buy-in. I think it's important that they are compassionate about something. I think it makes them better educators. . . . I try to send them because I want them to get the feel of coalitions and I want them to get the feel of community. . . . But we usually talk about the meetings, they're usually kind of fired up when they come back from them and they want to talk about them.

Julia continued:

I have intentionally backed out of many of the coalitions – the smaller coalitions – of those meetings, because I could virtually go to coalition meetings three days a week.

Muriel, who maintains a quite hectic schedule as an advocate for minority health in her community, is similarly overwhelmed by the proliferation of the coalition approach but notes that she still receives and takes note of e-mails sent to all members of Bridges to Health:

What happened is that every time there is something that people want somebody to represent the community they always call me to come and represent. If I would go to all the meetings, and all the coalition meetings, I would never be in my office.

Hectic schedules and invitations to join multiple coalitions, however, are not realities specific only to these four respondents. The majority of the thirty respondents in this research saw time constraints as a primary barrier to coalition participation, yet made the choice to remain active in the study coalition. The fact that time is a barrier to participation is clear. What needs to be understood is which underlying factors cause individuals to choose to stop spending their time working with a given coalition. Muriel's experience with Bridges to Health provides clear insight into these underlying factors.

As has become apparent already in this chapter, recognition of member contributions is an important element in meeting the expectations of many coalition members. Muriel, whose thoughts on having to turn down opportunities for coalition involvement are quoted above, made it very clear that her lack of participation is a direct result of feeling that her contributions were undervalued. This belief is based in actions the coalition failed to take, according to Muriel, in making sure that coalition programming was accessible to the area's sizable Latino population. As she spoke to me from her office – a classroom in the basement of a community center that had once been a school – Muriel reflected on her frustrations with what she saw as Bridges to Health's failure to adequately consider the needs of the population she works with daily.

I think when the coalition started everything was geared to kids but nobody took into account the Latino kids. So all the information was in English. . . . I am invited to a lot of coalitions and to me a lot of the times I am just a key, talking to be there, because they could say we have a Latino in our coalition. But they are not really addressing the needs of my community. . . . I don't believe they worked as hard as they should have to reach my population, my community. I believe that they still are not working hard enough to reach my community.

And, later in the interview:

I believe that not a lot of the people in that coalition, there were a few people that listened, but a lot of the people, the members, they don't really listen. And I don't know if they really care.

In these statements, deeper reasoning behind Muriel's claim of time limitations is revealed. Potentially marginalized groups, such as the Hispanic community Muriel was disappointed to find that she alone represented in Bridges to Health, were poorly represented in each of the five coalitions studied in this research. Indeed, if members of

potentially marginalized groups are not included in coalition efforts, the opportunity to create programs and ideas of value to marginalized segments of the community is lost.

However, in the context of this research, Communicative Action Theory, and contemporary anthropological discussions of ethnicity mere inclusion is not sufficient to achieve meaningful results. As Muriel's comments indicate, the simple act of being invited to attend a coalition meeting is not the same as creating the valuation that is required for successful communicative action. This reality is a crucial one if coalitions are to achieve a level of communicative action sufficient for the creation of programs and ideas that have the potential to benefit the entire community. In his own study of activism among African-American women in a New York City apartment complex, anthropologist Steven Gregory suggests that ethnicity should not be studied as "a coherent, discrete cluster of beliefs and attitudes" held by ethnic groups but instead should be observed in the context of how meanings associated with ethnicity "are implicated in discourses, institutional power arrangements, and social practices" (1994:367).

I argue that Gregory's call for critical analysis of discourses regarding ethnicity is applicable to all potentially marginalized groups in the context of coalition research. What implications does this have for coalition practice? First, successful strategies of inclusion should not be driven by concern for the number of marginalized groups represented at meetings but should instead focus on the incorporation of ideas from representatives of marginalized groups in coalition discourse and action. Second, pains should be taken to avoid tokenism. Muriel made it clear to me in our conversation that she did not want to be seen by members of Bridges to Health as the "token Hispanic." In fact, as she capably pointed out, there is no such person:

I was supposed to be representing the Latino community. But I don't see myself like that because there are so many of us and so many different countries, you know, and we all think very differently. I mean the only thing we have mostly is like we share the language.

Efforts at inclusion that are driven by belief in "coherent, discrete clusters of beliefs and attitudes" (Gregory 1994:367) are oversimplified. One person cannot possibly represent the entirety of the Latino community in coalition discourse, just as one person cannot possibly represent the entirety of the opinions of small business owners, hospital

administrators, YMCAs, cooperative extension agents, health department employees, concerned parents, and so on.

There are various means of overcoming tokenism in coalition practice. Given sufficient funding, evidence-based programming can be created by taking coalition-derived ideas and testing them with a sample of community members through focus groups, interviews, and the like, augmenting or replacing the ideas in accordance with community input. This community research-based approach is taken in social marketing models such as those used by Action for Youth and Bridges to Health. These models, however, are quite demanding in terms of time and funding. A less onerous approach was seen in a couple of the coalitions whose leaders took time during coalition meetings to openly encourage members to share coalition ideas with co-workers, friends, and others. If coalition ideas are shared in this informal way, and the results of that sharing are brought back to the coalition and discussed, communicative action is furthered.

In a compilation of strategies for successful coalition function, Mizrahi and Rosenthal (1993) theorize a balancing act between unity and diversity in coalitions and note that too much unity leads to minimized effectiveness, whereas too much diversity slows progress and creates tension. I have come to see this tension as an integral component in effective coalition work. Without tension, it is impossible for compromises to be reached to allow a group to achieve successful programs and community-wide adoption of coalition messages. Coalitions that seek to avoid tension through exclusion, whether implicit or explicit, or even through satisfaction with tokenism, cannot be effective in efforts to create change in the entire community, and these coalitions are also likely to be ineffective in retaining participation from marginalized portions of the community.

Chapter Summary

Data presented in this chapter indicate that coalition members representing different discourse communities and occupational cultures can be reasonably expected to hold different expectations associated with ongoing coalition participation. If one's goal is the creation of a professional coalition, expectations such as networking, job fulfillment, and grant-seeking, all of which are commonly held by representatives of the social services sector, should be secured and emphasized as benefits of coalition

membership. If one's goal is the creation of a popular coalition, a more complex set of expectations must be met. Business owners and other non-social services sector representatives appear to be more highly motivated by achieving positive public relations and sharing information/ideas with local communities (as opposed to with agencies). Efforts at including members of marginalized groups should extend beyond tokenism in keeping with Communicative Action Theory, which posits that active discourse and compromise, not merely presence, is required for the achievement of universal norms. In all coalitions, popular and professional, failure to clearly identify coalition goals leads to feelings of unfulfilled expectations and could potentially inspire withdrawal from coalition discourse. Above all else, this research indicates that in order for participation to be maintained, coalition members from all sectors must feel as though their contributions are valued and at the same time feel as though they are receiving value from the coalition.

Chapter Five: “It’s a Clearinghouse Right Now, But There’s No Information:” Identifying and Encouraging Communicative Action Within the Coalition

I recorded the following in my fieldnotes, taken toward the end of an Energizing Fitness meeting where leader Lisa had placed large sheets of paper on the walls surrounding the conference table (one for each of the counties the coalition represents).

L now states that the group will be “going to the walls” to write down what is happening in each county. She mentions a few examples of the sorts of things she thinks would be good to include. The group completes the exercise, some moving quickly to grab a marker and write long lists on their county’s sheet, others sitting quietly or in muted small talk at the tables, perhaps because there was already a crowd around their county’s sheet. As the exercise wore on, some members began to check out other sheets, seeing ideas on one that inspired them to add similar programs to their own. . . . A few sheets were left empty, and some members, noticing this, made an effort to write a program or two that they knew of in that county on the appropriate sheet. As the exercise continued, the conversations in the room grew louder and more jovial. During the exercise L tells me and others nearby in a side conversation that she plans to save these sheets and do the exercise again at the next meeting so people have time to think about other programs. The finished sheets, then, will serve as the beginning of a resource guide for the area. . . . Members seemed proud of all of the programs/places/etc. listed, and this exercise really picked up the meeting.

This fifteen minute exercise transformed a lagging meeting into a celebration, as the visible depiction of dozens of obesity prevention-related programs gave everyone present a sense of camaraderie, leading to several comments along the lines of: “I can’t believe everything that we’re doing!” Later, Lisa explained to me her plan to compile the collected information into an electronic document, which she would send to all coalition members for review and addition. In the four months following the meeting, she sent the document out to the membership twice. The coalition, which has the goal of serving as an “information clearinghouse” so that community members have access to a list of local physical activity and health promotion programs, has discussed using the information gathered to create, print, and distribute a resource guide for the region so long as funding to do so is secured from the state or a member agency.

Delivering Active Lives has an identical “information clearinghouse” goal, but members have gone about attempting to achieve this goal in an entirely different way. Members have created a web-based information-sharing program designed to be easily updated and available to anyone with Internet access. Coalition member George was paid

\$500.00 to create and maintain the group's website. The site was designed to be user-generated, and coalition members were repeatedly asked to submit forms describing programs that their agencies were running. The information submitted would be posted by the webmaster, which allowed anyone who visited the site to have access to a database of all of the programs relative to obesity prevention going on in the region.

The first Delivering Active Lives meeting I attended began with a discussion of the group's website. George, speaking in tones that did little to hide his frustration, chided coalition members for failing to submit programs for inclusion on the site. He elaborated in our interview, adding thoughts as to the reason for the failure.

I have had maybe two pieces of content information submitted to me to put up on that website. No, a few more pieces than that, but you know, there's a lot of people that are either fearful of being perceived as ignorant, or people that just don't understand, you know, how to provide substance and content for an organization or coalition to build around.

Susan, one of the coalition's co-leaders, admitted in our interview that the program was not going well.

And the website, how do we, you know, just getting more people to use that. The whole purpose was so we wouldn't have to meet so often – that people would use that as a communication tool. But they're not doing it. . . . Even myself, you know, I don't even think about getting on there and doing that.

Three months after the meeting in which George and coalition leaders spent fifteen minutes or so chiding coalition members to contribute to the group's website, George and I sat down to conduct the interview for this research. During the interview in his office, George showed me the coalition's website, taking a moment to pull it up for me on his office computer. The site's "information clearinghouse" section remained nearly empty. George exclaimed:

It seems as though the organization was focused around being a clearinghouse of information, but it can't be – it's a clearinghouse right now, but there's no information.

Fifteen minutes can be used in different ways at coalition meetings and with dramatically different results. In the programs described above, it is unlikely, owing to the youth of Delivering Active Lives and Energizing Fitness, that members of Energizing Fitness began the task of information sharing with greater knowledge and acceptance of

one another than members of Delivering Active Lives. The primary difference between the approaches taken by these two groups, then, lies in how leaders of each coalition chose to use fifteen minutes – the decision of where to place the action of information sharing itself inside or outside the coalition meeting.

Knowing who attends coalition meetings, alongside qualitative accounts of motivations for attendance, is important in the establishment of best practices for achieving diverse coalition participation. At the same time, a popular coalition is not by itself an indicator that communicative action is taking place. Indeed, if the diverse actors sitting around the table at a coalition meeting fail to share ideas, then little, if any, communicative action takes place. Instead, coalition-derived ideas are a product of the most vocal individuals in the room, not the entire coalition. In coalition practice, communicative action takes place in many different ways, some of which are more amenable to encouraging open discourse than others. Improved understanding of how coalition members communicate with one another reveals best practices for encouraging the active and open coalition discourse required, according to Habermas, for the achievement of universal norms.

In the next two chapters my focus turns from participation to the second key element of this research—dissemination of ideas. This chapter focuses on the dissemination of ideas within the coalition itself, examining venues where coalition-based communicative action takes place (meetings, sub-committees, outside conversations, and e-mail). Detailed attention is then paid to the coalition meeting itself as a potential venue for communicative action. Combining fieldnotes from participant observation of coalition meetings with interview queries about elements of meetings that foster idea sharing, I present an account of factors that promote communicative action in the coalition meeting. This chapter presents data relevant to research question set number four, as explained in chapter one.

4. In the context of coalition function, what are the most common means of communicative action (e.g. discourse at meetings, between meetings)? What are strategies that can be used to promote the active exchange of ideas required for communicative action to take place?

Chapter six, then, analyses the path of coalition-derived ideas as they travel to discourse communities outside the coalition. Combined, these chapters lend credence to

my hypothesis that idea sharing unrelated to the coalition's development of specific programs is a substantial benefit of the coalition model, as it allows individuals and agencies to change behavior and strategies outside of the coalition itself based on the combined insight of all individuals participating in the coalition.

Venues for Communicative Action

To begin, there are important variations in how coalition members share and are exposed to ideas. There is an understandable tendency among coalition leaders to focus on coalition size as a barometer of coalition success – the more members a coalition lists on its roster, the more powerful and effective the coalition. A few forthright coalition leaders, after sharing their own coalition's roster count with me, were quick to add that there seems to them to be a clear distinction between “members” and “active members.” This distinction is crucial in considering dissemination of coalition-derived ideas because it indicates that not all coalition members are engaging in the communicative action of the coalition in identical ways. Because of this, I turn to a discussion of venues for communicative action in the study coalitions.

Each of the study coalitions meets on a regular basis, ranging from monthly (Action for Youth and Bridges to Health) to quarterly (Community Health Partners, Delivering Active Lives, and Energizing Fitness). There is, to be sure, a large amount of behind-the-scenes communication that takes place between each meeting, largely via e-mail and telephone. Importantly, coalition members exhibit an inequity of involvement in this behind the scenes work – some members remain highly active between meetings while others limit their coalition activity to meeting attendance and the reading of occasional coalition-wide e-mails, usually sent by the coalition leader. I asked coalition members about their coalition-based workloads between meetings. Responses varied widely across and within the coalitions, indicating that there are members of each coalition who are more active than others. Bridges to Health's Janice, for instance, reports engaging in a large amount of coalition-related communication between meetings:

It involves communicating ideas and things that we've talked to to the correct people at the YMCA. And a lot of ideas will come up in group meetings where you find your immediate contact right there if somebody was to ask how can we get kids involved with swimming in the summer? And I say “Hey, I can post a swimming event right there,” e-mail, telephone numbers exchanged where you do a follow up within the next [few days]. Yeah, so it's a lot of e-mails. Good e-mails.

Phone calls. Follow up meetings. I meet with the health department outside of the Tweens meetings for activities that we had discussed at the Tweens meeting.

Energizing Fitness' Eunice spends a bit less time engaged in coalition-related activity, but she observes that the amount of activity differs depending on coalition programs.

Well the actual meeting time is usually about an hour, and it usually takes me, round trip, about an hour to get there and get back, so, and then of course we have responsibilities or things that we think that we, you know, people maybe that we're going to contact or responsibilities that we need to follow up, so other than the initial meeting, probably, it varies with what project we might be working on, but it's not a lengthy time, I'd say probably a couple of hours or so, you know, sometimes a week.

Jean of Community Health Partners expresses reluctance to volunteer for additional work due to other pressing responsibilities.

It seems like I leave the meetings and I don't have as much homework as some people do, and I guess it's because I'm not raising a hand and I'm not volunteering a lot. But I probably need to do that. I feel like my plate is full.

Finally, Joan of Action for Youth is concerned that her coalition seems unable to bring about tasks for members to accomplish.

Go to a meeting once a month about an hour and a half, that's the main thing I do. . . . There is not much going on right now to tell you the truth. . . . Once in a while there is an e-mail back and forth, but not much.

Most respondents reported at least some coalition-based work between meetings although the amount of work varied by respondent and by coalition. Many respondents, particularly those who reported being more active in between-the-meetings activities, perceived coalition workloads to ebb and flow over time in proportion to coalition projects and events.

Of course, all coalition members and leaders have jobs, family lives, etc. that cause coalition work to be of somewhat tangential importance. Jill, who stopped attending meetings of Action for Youth over two years before this research, made an important point about time as a barrier to active coalition participation.

One of the hardest things about coalitions is the fact that people have other jobs and it's so hard to do your job and then also do things that the coalition wants. So it kind of has to be something that you are involved in in your job. It doesn't have to be but it makes it a lot easier.

As discussed in chapter four, individual decisions to remain an active member of a particular coalition are rooted in value judgments, particularly in terms of increased networking and idea sharing capacity. An integral part of the coalition participation decision-making process is the reality that: a) members are reluctant to fully remove themselves from coalition membership, with the more common course of action being attending fewer and fewer meetings, but remaining “on the list”; and b) there are ways, other than attending main coalition meetings, of remaining in contact with the coalition. Different means of interacting with the coalition, however, have different implications for communicative action. For instance, communicative action inherent in open exchange during a main coalition meeting is different than the relative lack of communicative action required in the reading of an e-mail reminding a member of when the next meeting will take place. Both forms of communication are coalition-related tasks, but one is clearly more effective in allowing a diversity of viewpoints to be discussed so that universal norms might be achieved. Respondents commonly mentioned four venues for idea exposure and/or sharing within the coalition: e-mail, conversation outside of coalition meetings, sub-committees, and coalition meetings themselves. In describing each venue, I discuss its presence in my observations of the study coalitions, implications for communicative action, and observed strategies for the effective use.

E-mail

Leaders of each of the study coalitions communicate with coalition members using e-mail. The nature and frequency of this communication, however, varies between the groups. All of the coalitions use e-mail to announce upcoming meetings. Some of the coalitions use their e-mail lists to pass along information about grants, applicable community events and meetings, and other information of note, as evidenced by the following e-mail Bridges to Health leader Linda sent to all coalition members.

*Subject: An offer to help write a grant
2/15/2007, 12:30 PM*

Here is a generous offer from Dr. [Bob Smith], [Local University] Dept of [Department] and a member of the [Bridges to Health] Coalition. Does anyone know of a school or community that might be ready for this?

[Linda]

-----Original Message-----

From: [Bob Smith] [mailto:bobsmith@localu.edu]

Sent: Wednesday, February 14, 2007 5:04 PM

To: [lindaleader@bridgestohealth.xyz]

Subject: Re: FW: REQUEST FOR PROPOSALS Take Action: Healthy People Places, and Practices in Communities Project

[Linda],

I would be willing to help write up something for a walking program in a neighborhood (or geared for a particular elementary or middle school). I know there are walkability questionnaires out there that we could probably use. I'm not sure what the money for the grants will go to (incentives, equipment??). Do you know if the schools in [this] County have a "walk to school" day? Or maybe we could piggy-back off the idea we got at the [statewide activity] conference regarding a walk-a-thon. . . .

Just some thoughts. Let me know if you want to get a group together to work on something.

Thanks, [Bob]

Bridges to Health's e-mail list is by far the most active of the five study coalitions, both in terms of quantity of e-mail (though rarely more than two in a given week) and diversity of e-mail types (e.g., meeting reminders, distribution of minutes, announcements about grant possibilities, birth announcements). Importantly, as with all of the study coalitions, e-mails to the members of Bridges to Health nearly always originate from the coalition leader. Further, e-mails from all of the coalitions are most commonly used as means of delivering, not soliciting, information. As such, these e-mails do not themselves typically inspire the discourse required for communicative action to take place within the coalition. They may, though, as in the case of the e-mail above, inspire discourse within individual agencies.

Still, e-mail is a crucial part of the coalition process. For coalition members who rarely attend coalition meetings, these e-mails may be their only source of coalition-derived ideas. As mentioned above, this leads to a discrepancy in "active" versus "on the list" membership counts; a discrepancy that tends to grow as the coalition ages. Linda, the leader of Bridges to Health, believes that even inactive coalition members can at times benefit the coalition:

One interesting thing is even people who have not come to a meeting for years, some of them are still our allies. They've stayed on the e-mail list.

Linda went on in the interview to share the story of an inactive coalition member (outside of the social services sector) who decided to respond to an e-mailed plea for a place to hold an event, using the resources of her business to assist the coalition. Of course, study coalitions that tend to use e-mail solely as a means of dispersing meeting reminders are much less likely to have their unspoken needs met by inactive members. Another danger of too few e-mails apprising coalition members of information other than meetings is the creation of a feeling of being “left out” or devalued as a coalition member. This is particularly important in light of the findings on valuation described in the last chapter, as well as in terms of communicative action, which requires that all members of the discourse community have their perspectives freely considered by others. Action for Youth’s Tiffany expressed concern about being left out of the decision-making process:

There used to be more [e-mail]. Well, I don’t know that I ever got, unless I was on a subcommittee, that I ever got any in between e-mail communication. I was aware that that was happening among [a local university], the health department, and the school district staff because they would refer to it, but I don’t think I was ever a part of that . . . just basically reminders, here is the meeting, here is the minutes, here is material we promised to send after the last meeting. But you knew that there was some other substantive dialogue going on with other parties that wasn’t necessarily being shared.

It follows that e-mails to coalition members should include ample information about coalition activities, needs, and opportunities, while also allowing coalition members to communicate their thoughts on the matter. In this manner, coalition-based e-mails achieve a higher rate of communicative action (discourse, as opposed to unidirectional announcement), and minimize concerns, such as Tiffany’s, about alienation. In the end, however, there is evidence that coalition communication through e-mail, even if unidirectional, is capable of inspiring change in broader discourse communities so long as the e-mails present information of use to member agencies. E-mails that go beyond mere meeting-based information (e.g., the grant offer that Linda relayed to coalition members, messages sharing good news such as birth announcements) also seem potentially useful in maintaining a sense of belonging; thus, potentially encouraging higher levels of activity from individual coalition members.

Conversation Outside of Coalition Meetings

Because many members of the study coalitions work in the social service sector, they have occasion to see and communicate with one another about community activities that are not directly related to the work of the coalition. For instance, by virtue of her position in a health department, Bridges to Health member Betty sees coalition contacts frequently.

Well I would say we are doing a [non-coalition-related] program that I'm involved in, a weekend program, and I helped with the last one we just finished last week. I'm in touch with people on the coalition that are teaching that. Probably more than I think. It's probably, it may be daily that . . . I speak to somebody on the coalition.

While this research did not focus specifically on the content of between-meeting encounters of coalition members, it seems reasonable to conclude that, owing to the reported commonality of such encounters, a large amount of coalition work is discussed informally as one coalition member presses another for opinions on a particular topic, or as a coalition leader asks a few close contacts when they believe a good time for the next coalition meeting would be. These informal conversations, whether in person or by telephone, represent communicative action because members of the discourse community are able to continue negotiating one another's viewpoints outside of coalition meetings. This is a natural and positive outcome of coalition discourse and, as the next chapter will make clear, can be a source of positive coalition outcomes as agencies create internal change based on coalition discourse. Though these conversations do not include input from all coalition members, they may be used to guide coalition action (as in the case of coalition leader Cheryl, who supervises some members of her coalition from her position in a regional health agency, or Linda, who makes it a point to occasionally have lunch with different coalition members in order to better understand their viewpoints). Such conversations are common but can result in changes to coalition practice made absent input from the *entire* coalition.

I observed a remedy to this potential inequity in represented viewpoints when the same coalition leader, Linda of Bridges to Health, addressed all members at a monthly meeting. At that time, she mentioned an idea while attributing its source (e.g., "Keith and I were discussing the program over lunch last week, and he and I thought it might be

helpful if we advertised using the free local paper. What do the rest of you think?”). In the end, informal communication between coalition members between meetings is a vital part of the process of communicative action within the coalition. Because all coalition members are not necessarily privy to these conversations, however, coalition leaders should make an effort to provide transparency as to idea source because it allows all coalition members to have additional input before coalition-wide decisions are made.

Sub-Committees

Imagine a meeting full of active discourse, in which coalition members representing diverse local agencies, businesses, and community groups (i.e. multiple discourse communities) agree that the community would benefit greatly from a particular type of event. Then, imagine that the coalition leader chooses three of his most trusted colleagues on the coalition to plan the event absent input from the rest of the group. Whether such a decision is rooted in purposeful exclusion or a generous desire to avoid burdening already busy coalition members with the onerous task of event planning, the effect in terms of communicative action is the same – it is unlikely that the event will successfully reach the entire community, as experiences and ideas held by the remainder of the coalition members have been removed from consideration. I witnessed variations on this theme in each of the study coalitions, although some groups demonstrated more severe exclusionary tendencies than others. The formation of sub-committees is a common method used in coalitions to distribute coalition tasks, such as the formation of coalition strategy regarding specific health topics and event planning. Thus, sub-committees can make the performance of these tasks more manageable. While breaking coalitions into smaller groups is sensible from a logistical standpoint, coalition leaders would do well to consider communicative action-based consequences that sub-committees introduce and means of overcoming these consequences.

Bridges to Health, Community Health Partners, and Delivering Active Lives have formal sub-committees that meet on an irregular basis (typically, though not exclusively, in person) to discuss coalition work relative to a particular health-based focus (e.g., worksite wellness, improving school health policy) or to work on a specific project or event (e.g., a regional workshop, summer physical activity program). Similar, though less formalized, small groups from Action for Youth and Energizing Fitness have also met to

plan details of specific coalition programs. The formation of these groups allows coalition members to concentrate their efforts on areas of coalition work that they see as most worthy of their time and/or best aligned with their agency. As Jean from Community Health Partners shares, small groups also tend to be more intimate in nature, thus encouraging idea sharing:

We divide into separate categories where someone may be working on physical activity, someone else is working on nutrition, somebody is working on promoting health in their community. Anyway, we divide out and that way we can conquer a lot of material in a shorter period of time when we are in small groups. And I think more sharing is done when you break a large group up into a small group, also. I think you learn so much more. Some people are shy about talking in front of others. So when you're in a small group you're more likely to volunteer some information.

This small group approach represents a danger to coalition communicative action in that decisions made by these groups are representative of the viewpoints of only a portion of the coalition (although this portion of the coalition generally consists of those individuals who are most interested in the specific topic). Generally, a coalition member is free to contribute to as many sub-committees as she wishes, though I witnessed some exceptions to this. For instance, meetings of Community Health Partners and Energizing Fitness “broke into groups” during main coalition meetings, which caused those present to make a decision regarding which one group they would join. This was difficult for several coalition members, who noted within earshot that there was more than one group they would like to join.

Additionally, I witnessed a tendency for coalition leaders to rely heavily on a few members in the planning of coalition events. These few members were typically those who work closely with the leader in the same agency or who have an otherwise strong connection to the leader. Again, such actions make sense logistically but can result in alienation and heighten hegemonic discourse if the opportunity to join such planning groups is not made available to the entire coalition. An obvious solution would be to ensure that membership on sub-committees is transparent and available to all coalition members. Another solution would be to ensure that sub-committee proceedings are adequately reported to the full coalition, alongside ample opportunity for group comment.

Coalition Meetings

Finally, coalition meetings themselves are an obvious venue for communicative action. At each of the meetings I attended I witnessed plenty of idea sharing, both in the meeting itself and in side conversations before, during, and after the meeting. In the meetings themselves, I noted several excellent examples of coalition leadership prompting idea sharing. I also sat through meetings where the vast majority of the idea sharing was done in short, informal conversations, as the moderation of the meeting failed to allow coalition members to introduce many of their own ideas into the fray. This variation in how effectively meetings allowed active conversation (as opposed to unidirectional sharing of information from leader to members) to take place was evident not only from coalition to coalition but even from one meeting to the next in the same coalition. Improved understanding of what types of meeting activities best facilitate communicative action leads to meetings that better meet coalition member expectations regarding idea sharing while allowing the coalition as a whole to benefit from greater input from its members. Or, as Delivering Active Lives co-leader Amy put it: *“It’s really important that a meeting is facilitated in such a way that individuals feel that they’re there to talk, not to be talked at.”*

Case study: communicative action at a coalition meeting.

As a demonstration of variations in group idea sharing from moment to moment within a given coalition meeting, I offer the following account of a late 2006 meeting of Community Health Partners. Elements of this meeting were found in meetings of other study coalitions, as well, but I have chosen to provide a full account of this particular meeting as it contained a mixture of elements that both encouraged and stifled communicative action. The meeting itself was attended by a total of 27 individuals (excluding the researcher) and was scheduled to last from 9:00 a.m. until noon. It was held in the private dining room of a state park lodge restaurant. After signing in and picking up a handout with a meeting agenda and a set of visioning handouts, I sat close to the front of the longest table and made small talk with coalition members as I observed others taking a seat. Possibly simply owing to the relatively high attendance, or possibly owing to late arrivals, I was aware of a greater amount of “clique” seating at this meeting

than at others. For instance, representatives from particular agencies would make a point to sit together at a single table, especially at the smaller two tables at the rear of the room.

At 9:11, leader Cheryl started the meeting. She welcomed everyone, made a brief announcement about a planned speaker who would have to reschedule, and asked everyone to introduce themselves. Everyone did so by going around the room in such a way as to have me speak last, and I was asked to briefly describe my research, which I did. At this point, the leader discussed a trip that she and state health department representatives had recently taken to Maryland to learn more about a national nutrition program. She then invited the state representatives (two of whom were present) to provide an overview of happenings around the state. This overview lasted over 30 minutes and covered state and coalition budgets, the nutrition program the leader had mentioned, and, from the second state representative, a lengthy discussion of the importance of worksite wellness programs. During this time, Cheryl and one coalition member were the only other persons to ask any questions and no opportunities were given for others to do so. As the time wore on, I noticed a couple of side conversations beginning to take place. By 9:48, body language of several group members at this point was restless and disconnected from the meeting.

At this point Cheryl took over and again described the nutrition program that had been discussed twice before. This time, however, the leader opened up the discussion by simply asking if anyone has used the program to date. There was no response (I wrote in my fieldnotes: "the meeting is quite dead at this point."). Cheryl described the program a bit more and noted that she wished she had a suggestion for how to implement the program locally. Without seeking suggestions, however, she stated that she is hoping to move forward with the program. This comment achieved some response. One member asked a question, which led to suggestions from two coalition members about augmenting the program to make it fit the region. Cheryl then asked if there were any questions before moving on. Silence.

Cheryl then moved to the next agenda item, sub-committee reports. Chairs of the schools and worksite wellness committees gave their reports. The leader and a state representative were the only persons who commented on the schools report. The worksite wellness committee chair energized the room a bit by good-naturedly mentioning a clear

barrier for the coalition – “If we have no money, what can we do?” The group laughed at this. The chair presented a timeline that his committee had created with goals for the coming year. Cheryl asked the coalition if they had any questions. Upon being questioned, a state representative offered an idea. Another coalition member did likewise. This prompted Cheryl to share news she had recently heard about—Wal-mart was hiring local wellness coordinators. Another member confirmed this. There was a fair amount of buzz in the room upon hearing this news.

The buzz of excitement was extinguished somewhat as Cheryl moved the meeting to its next agenda item by inviting the state health department’s breastfeeding coordinator for the coalition’s region to present. This individual, who is also a coalition member and staff member for a local health department, explained her role and some recent research linking breastfeeding to diminished obesity rates. As a side conversation broke out at one of the back tables, the coordinator and both state health department representatives began to engage in a conversation about the research and how it might be linked to worksite wellness.

As this conversation ended, Cheryl asked if anyone in the room had anything to add about local programs helping with the coalition’s strategies. One member offered that three local counties were participating in an event designed to educate parents about drugs. Another added details about the same program as it was being implemented in two other counties. The first member announced that she was leaving a supply of her agency’s newsletters on the sign-in table. A state representative asked that member for more details about the drug program she mentioned. At 10:26, Cheryl announced a 5 minute break. Two members left the meeting amidst a large amount of small group conversation, which intensified as the break continued. I chatted with a state representative, Cheryl, and a few members by way of introduction. I noted the likelihood that more ideas were being exchanged about worksite wellness and local nutrition programs during the break than had been exchanged in the meeting itself, although certainly not all of the conversations taking place were related to coalition topics.

At 10:41, Cheryl reconvened the group amid continuing side conversations. She asked the group to break into sub-committees to discuss state strategies as they apply to the coalition. (There was a handout listing state strategies in one column, with room for

sub-committees to fill in a blank second column with specific committee tasks to be performed in accordance with these strategies. The state strategies are broad and have come from a combination of grant requirements and the compiled results of regional obesity forums held around the state prior to the formation of this and other similar coalitions statewide.) At this time, the coalition had two sub-committees (schools and worksite wellness). Cheryl asked if anyone present would be willing to take on a new committee – either built environment (walking trails, etc.), family and communities, or health care.³⁷ She added that the breastfeeding coordinator had agreed to take on health care. No one spoke up, prompting a state representative to ask if there were other organizations that could be invited to the table who might be interested in these areas. A member states that there is a group working on youth fitness in a local county and that another coalition member (who is not in the room at this time, but arrives later) is working with the youth fitness group, but is on the worksite wellness committee in this coalition. A member of the worksite wellness committee joked: “She’s ours!” revealing to me a potential drawback of the break out strategy in meetings of this coalition. Cheryl asked once more if there were any takers. No volunteers. She recovered by stating that the coalition would address these areas through the other committees. At 10:48, the leader divided the meeting into two groups—one to address schools, built environment, and family and community; and another to address worksite wellness and healthcare.

As the breakout occurred, the attendees moved quietly but with several side conversations. The two groups split to two long parallel tables with one group quickly deciding that the two groups meeting side by side would be distracting, and then moving to a pair of smaller tables at the back of the room. The coalition was evenly divided between the two groups. One member left the meeting during the transition. I attempted to spend time in observation of both groups to look for evidence of idea sharing.

The two groups were polar opposites in terms of idea sharing. In the worksite wellness group, a state health department representative dominated the discussion by going down the handout describing each strategy and talking about what she was doing for each. There was little conversation in this group and, I noted, several bored looks.

³⁷ These sub-committee topics were not chosen exclusively by Cheryl. Instead, they were among the five most pressing health topics in the region, as expressed by individuals who attended regional obesity forums held by the state health department in the area prior to the coalition’s formation.

There were occasional attempts by members of the group to share what they and their agencies are doing, but these were quickly stopped by the state representative as she redirected the discussion back to her own work. A constant side conversation developed at the end of one of the two tables this group was occupying. Toward the end of the hour of group work, members of the group who remained engaged in the conversation began to exchange ideas about how best to survey local business owners regarding their worksite wellness policies. As the state representative actively lent her expertise, the group's leader assigned tasks to a few group members and then sought and achieved consensus on when the next meeting of the sub-committee should be held. All told, the group spent about ten minutes in discussion of specific coalition tasks.

The schools group started slowly with a focus on preschools and little sharing of ideas, but some discussion of what local agencies are doing (one member, for instance, described his work with Head Start). The conversation in this group moved from topic to topic down the handout (school breakfast, school nurses, etc.), with members volunteering what their agencies were doing in each area. The handout began to serve for this committee as a reminder of stakeholders who should be invited to join the coalition (school nurses and family resource center staff members were mentioned as potential recruits and some members offered to contact individuals they know). The group remained focused throughout the hour, and it emerged with a small set of tasks (largely related to recruitment) and with a better understanding of services and programs present in the region.

By 11:58, both groups had largely finished. Several smaller side conversations had begun. Cheryl declared the end of the meeting and asked everyone to remain for a group photo and optional lunch in the adjoining restaurant. I volunteered to take the group picture as Cheryl and another member gathered everyone at the front of the room. The picture was taken. It occurs to me that this activity may be a small way to reinforce group belonging and perhaps particularly important after a relatively announcement-driven three hour meeting. I attended the lunch as well but recorded no fieldnotes per protocol.

I left the meeting feeling that there was a somewhat clear sense of coalition goals thanks to the handout exercise, but the worksite wellness group was clearly hampered by

the state representative's presentation and dominance of the conversation. Still, the meeting was heavy on announcements and less ready to encourage idea sharing than its mission would suggest. It is clear that some of this sharing occurs in the two sub-committees, which have started meeting separately. Notably, though, the sub-committees may have a downside in that they turn one coalition into two and restrict idea sharing in all but a small period of time at each meeting of the full coalition. Notably, there was no opportunity for the two groups to share the results of their discussions with the collective group, despite the presence of several coalition members whose expertise could have no doubt benefited both groups.

I also came away with the observation that the Cheryl's leadership style is certainly energetic, but it would be possible to characterize this leadership as too top-heavy, as she demonstrated a tendency to determine the coalition's direction with little input from coalition members (at least little input in this meeting). In the end, despite its focus on generating ties to state strategies, few "action steps" came out of this meeting. Still, the meeting may have been useful in clarifying group goals and in improving member awareness of the presence (or absence) of specific programs in the region relative to coalition goals.

So, where did communicative action most effectively occur in this meeting? In terms of communicative action related to pursuing the coalition's goal of working together to reduce obesity in the region, it seems clear that the majority of this exchange occurred in the sub-committee meetings. The fact that the results of these meetings were not shared with the collective, however, means that only half of the coalition was able to engage in this discourse. Thus, the benefit of group diversity the coalition is designed to offer has been severely limited. This meeting's largest benefit in terms of communicative action was likely in providing discourse communities outside of the coalition itself with information about area programs being conducted by other agencies. There is ample evidence (detailed in the next chapter) that this sort of information influences individual agencies as coalition members share coalition-derived information in their own offices. This sort of information abounded in this meeting, from the presentations in the first hour to member-volunteered information shared in the sub-committees. Were I a

representative of the for-profit sector, however, much of this information would have been of little use to me.

To be sure, there was evidence of means of encouraging and discouraging communicative action in this meeting. Most notably, the presentation-heavy beginning of the morning set a tone for the rest of the meeting that tended to minimize participation—to the point where it was difficult for the leader to elicit contributions from members before the break. Cheryl's efforts to inspire idea sharing, when they were made, tended to meet with some success. Questions such as: "does anyone have any questions about that?" or "does anyone have suggestions for implementing this program locally?" did meet with some response. Of course, Cheryl cannot shoulder all of the responsibility for inspiring discourse. For instance, she had no control over the state health department representative who discouraged idea sharing with her self-centered and rather long-winded commentary, particularly as this person was attached to the office that serves as the source of the coalition's funding.

Means of Encouraging Idea-Sharing at Coalition Meetings

You will recall the assertion, presented in chapter one, that 29 out of 30 interview respondents indicated having experience in coalitions other than a study coalition. Coalition members are aware of this, of course – I heard the phrase "professional meeting-goer" jokingly used to describe this phenomenon both in interviews and at meetings. As a result, there was no shortage of suggestions when I asked coalition members what made it easier or more difficult for coalition members to share ideas in coalition meetings. Qualitative analysis of the responses revealed five major themes: minimizing "turf issues;" leader and member personalities; group diversity and size; meeting agenda, format, and length; and geographic and topical scale.

Minimizing "Turf Issues"

The last chapter described the importance of information sharing to coalition members and the role of "turf issues" as a barrier to idea sharing. These "turf issues" were somewhat commonly mentioned in interviews, particularly by those who held their coalition in low esteem, and represent a significant barrier to communicative action. For instance, Liz from Energizing Fitness spends a large amount of time promoting inter-

agency cooperation in the writing of development grants. Her perspective is that coalition member-agencies may be holding back certain information.

There may be issues between agencies. . . . I just kind of had a feeling that maybe some of the people were not quite as open as they possible could have been otherwise, if another department had not been there.

Dawn, a rural extension worker and member of Community Health Partners, shared with me her frustration with leader Cheryl's agency. As such, she does not believe that the coalition will be successful in creating an open forum for the sharing of ideas.

We've had some problems with [leader's agency]. And they take credit for everything . . . they came in here several years ago and they were going to teach nutrition and we've been teaching nutrition for years, and they were just going to revolutionize everything, and I'm going 'wait a minute'. . . . I had a really good program going, and they came in and they took it for a while. And it was politics. . . . They got a grant that we had had. But then we now are supposed to work together, but I haven't seen or heard anything.

Conversely, individuals who are pleased with the freedom of idea-sharing in their coalition cite the avoidance of "turf issues" as a major reason for this success. Energizing Fitness member Eunice does not share Liz' pessimism about agency cooperation. She was pleased by leader Lisa's efforts to share credit for coalition successes.

I think there's a trust there where it's not so much turf oriented, I've seen that in some group. . . . We just feel good with each other, and if there's any credit to be gotten we all share that credit, you know, it's not my program that I did, you know, it's our program.

Jean from Community Health Partners feels similarly after having been impressed with everyone's willingness to share thus far.

I think everybody wants to do all they can and learn from each other, and nobody's holding their secrets close to their chest: "I don't want to tell you what I'm doing in my county because I don't want your county to get any better than mine."

How does one encourage the feelings of openness that Eunice and Jean mention while minimizing the skepticism held by Liz and Dawn? Amy, a co-leader of Delivering Active Lives, strives in her moderation of coalition meetings to minimize "turf issues" by making sure that no single agency is able to monopolize coalition discourse.

I think that's the importance about sharing is making sure that people don't feel like there's one person that is always going to view themselves as, well they have the best program and "I'm good and you're not."

The actions of coalition leaders are seen by many as important in making members feel as though their contributions are valued. Energizing Fitness leader Lisa shared her strategy for encouraging idea sharing and avoiding "turf issues" by continually asking coalition members for information.

We share with people that we want their involvement, we can't be a good group without your involvement, we want to know what's going on in the community. . . . I've got a little form that I give out in every meeting and I sent it out by e-mail, encouraging people to tell me what's in their communities so we could put that on the website. You know, that's just one small thing, but I think you've got to have an environment where people feel like their ideas are worthwhile.

Community Health Partners leader Cheryl relies on her years of experience to overcome potential "turf issues."

I know, working at this end of the state, I know who works well together and I know who doesn't work well together. So if I know that two people aren't working well together and they both come in the room at the same time, I'm immediately focused in on "how am I going to make this work for both of these people?" I think about those things as I begin to facilitate. And I try to find some common factor that both have maybe been involved in that's been successful and highlight that.

Finally, Janice, the newest member of Bridges to Health that I interviewed, best expressed the commonly heard desire for the creation of a "welcoming" atmosphere in coalition meetings.

They are very open and friendly. They don't make you feel like you are coming into a group that knew each other for 20 years and you're the new person. . . . They introduce you to people as soon as you get there, they ask you how you are doing. Or if you have an idea they are quick to know somebody that might be interested in helping you further with that idea so they give you a connection. When they introduce you they tell what you do so it's just not a name. It makes you feel pretty important.

If new coalition members are welcomed in the ways Janice experienced, any concerns they have about "turf issues" as barriers to active sharing of ideas may be alleviated. Further, the sharing of connections Janice mentions serves to reinforce a collegial atmosphere.

Leader and Member Personalities

Many respondents quickly associated my queries about openness of communication in coalition meetings with their opinions of coalition leaders. Good coalition leaders, according to the respondents, tend to be those who exhibit a passion for coalition goals and serve as role models for the types of change the coalition is attempting to create. As mentioned in Bridges to Health's Susanna's remarks about leader Linda:

She just has this open, incredible personality that is remarkable. She is a remarkable human being. Again she practices what she preaches. She lives an incredibly healthy lifestyle and has her children doing the same.

Joan of Action for Youth values leader Greg's establishment of a light tone at meetings.

The chair is hilarious. I don't know if you noticed that. But our chairperson keeps it light So it's kind of a comic relief or something, for the month. And we like each other, we have a good time.

Barbara of Bridges to health appreciates Linda's efforts at growing networks and sharing information.

She is a master communicator. I mean she's really, really good at getting information out to people, keeping her distribution lists and passing stuff along. She's great at knowing who knows what and seeing connections and soliciting help from people when she needs it.

The most effective leaders I encountered in this research led coalition meetings with a mixture of high energy and earnest desire to seek ideas from coalition members. These leaders struck me as cheerleaders for their respective groups – continually praising member efforts and identifying coalition successes for all to celebrate. Conversely, I also heard coalition leaders make remarks in meetings about “getting roped into this,” or “I’m just here until we can find someone with more time to take over.” Not surprisingly, this lack of enthusiasm was seemingly contagious. No one referred to these meetings as “fun” or “welcoming.”

It would be difficult to overestimate the crucial role that coalition leaders play in allowing space in the coalition process for members to contribute their own knowledge and experience (“lifeworld,” in Habermasian terms) to coalition communicative action. In this research, coalition leaders serve as gatekeepers to communicative action through

their determination of meeting agendas and their actions in seeking (or failing to seek) coalition member ideas both during and between coalition meetings. The importance of leadership capacity in coalition function has long been acknowledged. In a 28-coalition quantitative study of variables influencing coalition planning, system impact, and policy change, Hays, *et al.* (2000) find a positive correlation between indicators of effective leadership³⁸ and the ability of coalitions to develop comprehensive, strategic plans for the achievement of coalition goals, concluding:

The strong relationship between leadership and participation suggests that an effective leader who can facilitate collaborative planning among diverse coalition members is an important resource for assuring participation and achieving immediate outcomes. (377)

A key recommendation based on this research, and supported by the findings of Hays and colleagues, is that the process of coalition formation should include a focus on developing the capacity of would-be coalition leaders to promote communicative action. This is not, as it turns out, a skillset automatically found amongst the social services professionals who tend to lead coalitions. In fact, my observations indicate the opposite – that the culture of meetings in the social services sector tends to exclude communicative action, placing value on presentation over conversation. Coalition funders should emphasize the importance of building leadership capacity amongst coalition leaders so that communicative action might best be facilitated. Further study into effective means of developing coalition leadership capacity is warranted. Coalition leaders are not the only persons with the ability to influence the tone of a meeting, however. It was clear in the research that certain coalition members are seen by many as having the ability to stifle communication. Action for Youth’s leader, Greg, expressed this barrier well.

Well it’s all based on personalities. . . . Because if you have someone who is negative or doesn’t want to be there or is a naysayer, it’s nothing different than anything else in life. The person is there because they have to be there and they are not willing to go with, it’s based on a personality, it’s just a barrier.

Linda, the leader of Bridges to Health, recalled a particularly difficult coalition member.

³⁸ A total of six Likert-scaled indicators were used, including “The leader encourages and explores all points of view,” and “The leader effectively manages conflict and channels it toward the coalition’s goals” (Hays, *et al.* 2000:375).

There was a school person who was so jaded and so not willing to hear what other people had to say. . . . I think we saw that when there is somebody who thinks they know it all, certainly that hurts.

Another coalition member (identity withheld) discussed a fellow member whose contributions to the group are not always valued. This tension played out in the meetings of this coalition that I attended, despite the fact that, in my estimation, the “problematic” member had contributed some important points to the group’s discussion. It seems likely that the member’s attempts to compare group discussions to the coalition’s original goals had, over time, grown to serve as an irritant to other coalition members.

The only time that it becomes difficult is when [member] is there. She is tough, and, I like [member], I’ve worked with [member] for years, but she’s tough, and she is negative and Jesus Christ, she can make things so difficult. . . . You know, it changes the dynamic of the group when she’s there.

As a coalition increases in size, the probability increases that a particularly vociferous individual will attempt to dominate group discourse. Participant observation revealed that the most typical response to the “negative” or “know it all” coalition member was simply being ignored by the group. In some coalitions, there was visible eye rolling whenever such a member would speak, and side conversations would quickly develop if the member’s contribution was in any way lengthy. Such a response is understandable, though at times I found myself personally agreeing with what the “shunned” member had to say, particularly if the person was providing an opinion about how the coalition could more effectively achieve its goals. To be sure, just as it takes time for a new coalition member to feel comfortable sharing ideas, it also takes time for coalition members to entertain the habit of ignoring one member’s contributions. It would seem that the best way of addressing “difficult” members would be for the leader or another coalition member to openly address the situation with the member as soon as possible, before the member’s ideas become discounted. Ironically, the desire of coalition leaders to avoid confrontation and to keep members from leaving the coalition leads to reluctance to confront the member in the first place. All too often, though, the end result is clearly a member whose protestations increase while group willingness to entertain these ideas decreases – a situation clearly detrimental to idea exchange in coalition meetings.

Group Diversity and Size

The theoretical foundation of this research holds that a variety of community perspectives are necessary if a coalition is to be representative of community beliefs and interests. Though this has been discussed in detail in an earlier chapter, it is important to note here that several respondents, including Delivering Active Lives co-leader Amy and member Donna, believe that group diversity is an important element in inspiring coalition idea sharing.

Well I think it's always good when, you know, that you do have a variety of people.

It's important to have a lot of people representing their different communities, because what works in [a local] County is not going to work for [another local] County, and so it's important to have somebody represented from each of those communities.

Other respondents, while not discounting the importance of group diversity *per se*, believe that a large group can be detrimental to idea sharing. Also from Delivering Active Lives, Jeff shared with me his belief that large attendance stifles conversation.

I think it's easier just because it's smaller . . . you know any group dynamics you get into, once you get over 10 or 11 people, individual comments really get stifled. And in our strategic planning groups with [the coalition], you know, small planning groups with 6 or 7 people, it's a lot easier to discuss things.

Greg, the leader of Action for Youth, expressed a similar sentiment, particularly in light of his group's declining membership over the past few years.

Here's the thing, you get 20 people you're going to have six people doing all the work. You get six people, you're going to have six people doing all the work, so . . . the only difference with a group of 20, you get more clout. You get the Chief of Police. What's the Chief of Police really going to contribute? I mean, he's contributing clout, I mean, it's the biggest thing he's contributing.

Delivering Active Lives co-leader Susan explained her thoughts as to why group diversity can inhibit idea sharing, particularly in a young coalition.

I think it's probably more difficult because we are more diverse. . . . You know, I don't come from a worksite wellness place such as, I'm going to say an industry. I think someone who comes from industry is thinking differently than someone who comes from a school. So they're coming with different experiences, so it takes a long time to share those ideas and understand where each other's coming from.

I believe that this response encapsulates many coalition members' (and particularly leaders') feelings toward the inclusion of multiple community voices in a given coalition. This comfort in the familiar has been addressed in previous chapters, as has the conclusion that individuals tend to feel more comfortable sharing ideas the longer they have served on the coalition. Energizing Fitness member Rebecca, who works for a local government, shares this sentiment.

I think, too, the longer you participate with a group the more comfortable that you get, because you're, when you kind of come in on, and I'm not sure how long the group has been organized prior to me attending the meetings, but I think when you work with a group of people longer, you get to know them. When you only meet once every so often, if you don't know them outside of that group it takes a while to get to know them.

Time taken in getting to know other coalition members is a requirement if a popular coalition is to be maintained. Coalition leaders and members alike should recognize the importance of this time (as should decision-makers in organizations that offer grants requiring coalition formation), coming to terms with the fact that a popular coalition's benefit in terms of community representation comes at the cost of a time lag while coalition members engage in discourse, processing the diverse needs and experiences around the table. During this time, as previously stated, it seems important for coalition leaders to find ways to remind members that their contributions are valuable.

Meeting Agenda, Format, and Length

If you are a member of one of the study coalitions, you can look forward to receiving, whether electronically, in hard copy, or both, a typed meeting agenda prior to each meeting (some of the coalitions distributed agendas a couple of days prior to the scheduled meeting, others provided agendas as handouts at the meeting itself). These agendas are designed by coalition leaders to ensure that meetings move efficiently from topic to topic, allowing all topics to be covered. Coalition agendas, however, differ in level of detail, as evidenced by comparing the following:

Delivering Active Lives
[Month] 24, 2006
1:00 PM
[Local] Health Department

AGENDA

- I. Welcome and Introductions*
 - II. Regional Physical Activity Training Programs*
 - III. Action for Healthy Kids Grant*
 - IV. [Coalition] Website reporting form*
 - V. Individual County activities and goal setting*
 - VI. Spring 2007 [Coalition-sponsored regional] Workshop*
 - VII. [State Program] Overview*
 - VIII. Announcements*
 - IX. Date of next meeting*
-

Action for Youth
AGENDA
[Month] 13, 2007

WELCOME and Introductions
Research Project
Updates
[Coalition] web site, PSA's

[Leader]
Chad Morris
[Coalition] Members
[Coordinator]

New Business

Next Meeting Date

By attending these specific meetings (and the others I attended for this research), I discovered a correlation between agenda detail and effectiveness of idea sharing. This does not mean that the meetings of Action for Youth were devoid of discussion. Indeed, there was plenty of discussion, but much of the discussion strayed from the stated goals of the coalition. On the face, Action for Youth had the most jovial meetings and seemingly the highest member comfort level (though lowest attendance) of the five coalitions. In interviews with members of Action for Youth, however, it became quickly apparent that there was a large amount of individual frustration with the group's minimal progress toward its goals, along with more willingness to blame individual coalition members for poor coalition progress than members of other coalitions shared.

Coalition members such as Rebecca from Energizing Fitness and Joan from Action for Youth seem to agree that idea sharing is best achieved in a meeting with a clear and somewhat detailed agenda.

I always like to go to a meeting where you know exactly, it's not we'll just figure out what we want to talk about when we get there, because those drag on, you don't really accomplish anything, and you never know where you're headed, you don't have a direction or goal.

I think it's probably more difficult because it's not really that structured. It has an agenda but there is never anything really on it. It's kind of like Opening: this person. Updates: this person. It's kind of like what's going on? Are we really going anywhere? Sometimes I get frustrated.

Sam, the small business owner and member of Energizing Fitness, suggested that a set of questions for coalition members drive the agenda at coalition meetings, citing other meetings he had attended where such a method worked well.

Maybe the way to do that is to start polling the individuals that are coming to the meeting and saying "how can we gain some more participation here," and literally go around the room and do that, but I don't think it needs to be prolonged, but I, whatever the topic that we need to handle, I think it might be helpful to have some leading questions that the individuals at the meeting realize that [Lisa] wants input on this, and they as individuals participating need to give some response.

Though none of the agendas I encountered contained lists of questions for the membership as Sam describes, moments when coalition leaders asked specific questions were often met with helpful responses. Some coalition leaders, however, shared with me a desire to avoid putting coalition members (particularly newer members) "on the spot." This desire appears to be largely folly, as interviews with more soft-spoken coalition members tended to indicate that such opportunities to contribute were welcome and had the added benefit of making these individuals feel "needed" by the coalition.

Detailed agendas and specific questions for coalition members were not the only means of improving idea sharing at meetings I witnessed. Perhaps because the average coalition member attends so many meetings, some coalitions clearly benefited from the inclusion of meeting elements that are not commonly found in other meetings. Among the most impressive of these in terms of positive member response is Bridges to Health's inclusion of an exercise break in the middle of each meeting, as described by Janice.

There is always a break, a healthy break in between meetings where we get up and do like a five minute salsa demonstration. So we are moving around and making ourselves look goofy. So everyone is on the same page.

As noted in chapter four, Bridges to Health and Community Health Partners ensured that any food served at meetings was healthy (e.g., baked chicken, yogurt, fruits and vegetables). Dietitian Jean from Community Health Partners was sure to voice her praise for this action:

We always have healthy foods around and never bring in garbage. If we have any kind of meal or a snack or whatever, it's always fruits and vegetables and healthy stuff and water and – everybody's practicing what they preach.

Finally, members of several coalitions saw some sort of “sharing time” as a highlight of each meeting. This event, usually held near the end of meetings, allows members to tell everyone present about events their agency is planning, personal or agency successes, and/or requests for assistance. Barbara, a member of Bridges to Health, expressed the power of “sharing time” in terms of communicative action.

I think the sharing time helps encourage people to connect. Somebody will say, “Well if I only knew this I could do that” and someone else will say, “I know that.” And you’ve seen that go on in that group.

At some of the more announcement- and presentation-heavy meetings I observed, “sharing time” was nearly the only opportunity for coalition members to speak with each other outside of breaks and the moments before and after the meeting. As input from all coalition members is necessary for coalition benefits to be realized, coalition leaders should seek to maximize meeting time spent in discourse open to all coalition members.

Along those lines, several respondents, including Delivering Active Lives’ Donna and Bridges to Health’s Susanna, indicated a preference for longer meetings (over one hour) in order to allow ample time for conversation/idea sharing.

It's very informal. It's not, I mean it's structured, but it's informal and it's not intimidating, I don't think. . . . I think other coalitions are very intimidating and it doesn't allow for open dialogue. Because we don't have a time restraint on our [coalition] meeting, and for some people that might be a problem, but for me, it's not because that way you can actually have more dialogue. In our other coalitions it's an hour, that's it.

I think sometimes people want to keep a meeting to an hour and these other coalitions or networks I talk about, that's how long those meetings are. And if you

really do need to discuss something or really get into something there just isn't enough time. So the coalition meetings are anywhere from 2 to 4 hours depending on what's on the agenda.

Even in a longer meeting, some respondents such as Betty from Bridges to Health reported feeling as though they were unable to share the ideas that they wanted to communicate to the group:

We usually meet for two hours and it's great to have an agenda but you have to watch out and not pack the agenda so packed that there is not free time to allow people to talk. And that's happened before. And we've discussed that with the Chair and backed off on some to allow a little bit more time to share. But generally there isn't a lot of sharing time, so you get maybe two minutes. If somebody really has a cool project and they need to share that and might need some assistance, they almost need to do that outside of the meeting.

As Betty points out, longer meetings are not the only means of allowing more time for active member discourse. Coalition leaders should take care not to place too many topics on the agenda for a given meeting. This advice is in many ways more sound than assertions that meeting lengths should grow, as all coalition members are busy, and particularly long coalition meetings would disproportionately discourage attendance from representatives outside of the social services sector.

“Biting off More than They Can Chew:” Geographic and Topical Scale

Finally, some members expressed their belief that the coalition's scale of influence, whether geographic (multiple counties versus one) or topical (“encourage 9-13 year-olds to exercise more and eat better” versus “fight obesity”), has an effect on willingness to share ideas. Energizing Fitness member Dan sees the complexity of the obesity problem that his coalition exists to address as a barrier to coalition effectiveness:

Dan: There's so many ways we can address the problem of poor nutrition, childhood obesity, adult obesity, cardiovascular disease, smoking, all of these can be attacked in a number of ways. So it's a more multifaceted, more complex problem.

CM: Does that, the fact that it's a more complex problem, does that in your estimation have an influence on ideas that folks are willing to throw out there, to tackle?

Dan: Maybe, maybe. We haven't had a lot of ideas. It's not like when we have our meetings people are sitting there on the edges of their chairs “I've got this great idea,” “I've got that great idea,” and “let's do this,” and “well we can't do this

because we,” you know, and they have so much energy. It’s much more laid back and wait and see, I think, maybe because it’s not as clear, maybe because the goals seem pretty clear to me, but how you can get at those goals, certainly a number of ways.

Solutions to the problem Dan mentions lie in coalition goal-setting, as discussed in the last chapter. Further, in keeping with findings in this research that tie poor understanding of coalition goals to lower member satisfaction, it seems important for coalition leaders to highlight these goals from time to time in coalition meetings.

Just as coalitions can attempt to cover too many topics, there are clear challenges inherent in coalitions that attempt to represent large geographic regions. Three of the study coalitions purport to represent a multi-county region. There was agreement among members of each of these coalitions that a large coverage area made idea sharing, particularly in the initial stages, more difficult. This difficulty manifested itself in travel time and distance, of course, but also in diversity of member interests. Delivering Active Lives member George saw the regional coverage of the coalition as a barrier to the development of a clear sense of mission for the group, thus stifling idea exchange.

I think it’s more difficult for a regional group to develop a focus because you very well could have individuals from individual counties believe that one thing’s more important than another thing and it’s easier to wrap your involvement around ideas if they are isolated geographically, because they’re more personalized.

One means of addressing George’s concern would simply be to limit the geographic areas coalitions purport to represent. Absent this, however, the most effective means I saw of addressing geographic differences between coalition members was Lisa’s strategy of taking meeting time to allow members to post programs happening in each county on the wall for all to see. Another strategy mentioned, but not witnessed in this research, is the idea of ensuring that coalition meetings are held in locations throughout the group’s area of influence, thus exposing members to areas they would not ordinarily visit while equalizing travel burdens for all group members.

Chapter Summary

First and foremost, data presented in this chapter reveal that there is much more to coalition discourse than ideas exchanged in coalition meetings themselves. E-mail, personal conversations, and sub-committee meetings are all important venues for

communicative action, in addition to coalition meetings. As the group of individuals exchanging ideas about a given coalition grows smaller, however, the risk that those ideas fail to represent the community grows larger. For this reason, coalition leaders and members should be careful to allow decisions about coalition activities and goals to be open to comment from all coalition members. Failure to accomplish this entirely defeats the purpose of the coalition.

Secondly, this chapter advances the notion that coalition meetings should be seen as opportunities for all members, not just the leader and a select few presenters, to share ideas about how coalition goals might best be achieved. As the “information clearinghouse” projects presented at the beginning of this chapter indicate, time spent exchanging ideas in coalition meetings can be much more beneficial than time spent asking coalition members to make contributions once they have left the meeting. Dissemination of ideas is aided in coalition meetings by detailed agendas that leave ample time for idea sharing, clearly-defined coalition goals, and opportunities (such as “sharing time,” healthy snacks, and exercise breaks) for members to informally converse. Most importantly, however, dissemination of ideas at coalition meetings is enhanced if members feel welcomed and at ease in sharing with one another. This familiarity can take time, especially in the popular coalition, but can be accelerated when leaders work to introduce new members, publically recognize all member contributions, and pose specific goal-oriented questions to the membership.

To summarize, the original benefit of the coalition, as envisioned by the founders of the North Karelia Project and those who played a role in the coalition’s rise to prominence in public health, is the exchange of knowledge and insight between multiple stakeholders. Meetings and other coalition-related communicative venues that minimize this exchange are, quite predictably, minimally effective in applying universal norms to the communities they purport to represent. On the other hand, as I witnessed at a meeting of Energizing Fitness, a scant fifteen minutes of active conversation has the potential to affect a large amount of positive change in a community.

Chapter Six: Reaching the “Local Level:” Evidence of Dissemination of Coalition-Derived Ideas

As we neared the end of our conversation, Dawn shared with me her skepticism about Community Health Partners’ chance of success in convincing people throughout the region to lead healthier lives.

It’s nice to get together and I know that’s helpful – our obesity forum was important and it brought awareness, but I think that you’re going to have to reach the local level before you really have much impact.

As Dawn sees it, the coalition, though young, shows minimal ability to exert influence at what she calls the “local level.” Dawn explained to me that the obesity forum which prompted the formation of the coalition generated a small amount of positive publicity for efforts to quell the region’s high obesity rates, but thus far has been unable to have a discernable influence outside of coalition-member agencies. Despite her skepticism, it is remarkable that Dawn found it important to affirm “*I know that’s helpful.*” Is it really helpful for coalition members to gather? How does Dawn know this? Having worked in the previous three chapters to build a theory of coalition structure and process, I now move to an exploration of complexities of coalition influence.

Dawn is not alone in her skepticism about the influence of her coalition. In chapter one, I mentioned mounting questions about the effectiveness of the coalition model, including the conclusion by Kreuter, *et al.* (2000) that, out of 68 articles published between 1990 and 1997 in which coalitions were described as having a key role in the public health intervention described, only six provided documented evidence of “health status or systems change” (50). One possible reason for this minimal evidence of success, despite all the time, expertise, and funding that went into these coalitions, is that “health status/health systems changes may occur but may go undetected because it is difficult to demonstrate a cause-and-effect relationship” (52). I agree with Kreuter and colleagues that many positive coalition outcomes are difficult to quantify, and thus easily overlooked by contemporary technical knowledge-focused means of coalition evaluation.

To begin the process of building a more comprehensive theory of coalition influence, I’ve used Communicative Action Theory to hypothesize three ways I believe that coalition ideas become disseminated:

- 1) between coalition members themselves;
- 2) between coalition members and individuals outside the coalition;
- 3) between the formal coalition and the community.

Idea exchange between the formal coalition and the community has been heavily researched, as this form of idea exchange, which is created as coalitions create specific programs designed to change health behaviors, is the focus of traditional coalition evaluations that focus on both community participation in these programs and resultant changes in community health indicators. Unfortunately, it is precisely this focus that has led to concerns about coalition efficacy, leading Kreuter, *et al.* (2000) to conclude that coalition-inspired changes in community health may be going undetected.

However difficult to detect, each coalition in this research has created programs designed to affect community change.

Action for Youth

- Sponsored dramatic productions in local schools. These plays were written and directed by a paid coalition member, and designed to encourage avoidance of drug and alcohol abuse.
- Sponsored, with another coalition, a contest asking local students to design signs, t-shirts and video public service announcements designed to encourage avoidance of drug and alcohol abuse. The coalitions chose the best designs in each category, which were slated to be placed on the group's web site for peer voting to determine the winners (thus encouraging web site traffic).

Bridges to Health

- Refined and re-implemented an annual web-based summer program encouraging youth physical activity. This program includes sponsors from local businesses, social services agencies, and governmental agencies.
- Conducted classes designed to encourage parents to prepare healthy meals.

Community Health Partners

- Assisted in the development of wellness programs in local workplaces.
- Worked with local school cafeteria managers to provide new and unique fruit and vegetable options to students.

Delivering Active Lives

- Held a regional workshop on fitness and nutrition topics, with multiple speakers and panels throughout the day. This event was attended predominantly by representatives of the social services sector from throughout the coalition's region.

- Developed a web site designed to allow community members to identify local wellness programs.

Energizing Fitness

- Provided grant monies to local schools to encourage the integration of physical activity into the curriculum.
- Began planning a second annual regional workshop on improving opportunities for community members to have safe places to exercise.

While some of these programs were certainly more successful than others, this research is not designed for purposes of program evaluation. Practice and theory in the evaluation of coalition programs is better-developed than is practice and theory in participation and dissemination of coalition-derived ideas. A substantial number of coalitions utilize the CDC's "Framework for Program Evaluation in Public Health" (Milstein and Wetterhall 1999) while other coalitions use different frameworks such as CCAT, or, in many cases, none at all (Butterfoss 2007). Instead of focusing on program evaluation in this research, I've used fieldnotes describing discussion of these programs at coalition meetings, as well as coalition member discussions of the programs during interviews, to build coalition theory pertaining to participation and dissemination of ideas. I do not deny that the programs listed above are capable of inspiring change in community health outcomes. I believe, however, that other forms of coalition idea exchange exert greater influence.

While the efficacy of coalition-designed and implemented programs has been heavily researched, the other two means of coalition idea dissemination I've identified -- idea exchange between coalition members themselves and idea exchange between coalition members and individuals outside the coalition -- have not. Chapter five in this dissertation identifies best practices for the promotion of idea exchange between coalition members, and is augmented by my theory that idea exchange takes more time and effort in the popular coalition, owing to the variety of experiences and backgrounds that must be shared via communicative action so that compromise leading to universal norms can take place. Conversely, such discourse is made easier in the professional coalition because members have more similar experiences and goals.

Communicative action between coalition members and individuals outside the coalition, however, takes advantage of the fact that idea exchange is made easier in existing networks, thus heightening the frequency of its occurrence. I'm referring to this

form of information-sharing as “collateral” idea exchange, as it is typically considered secondary, if considered at all, to ideas exchanged via formal coalition-designed programs. In this form of communicative action, coalition members share coalition-derived ideas that are not associated with a specific program or intervention created by the coalition. For instance, if a coalition member sees a presentation about breastfeeding awareness at a coalition meeting, then shares some of the information from the presentation with coworkers, this would be collateral idea exchange. On the other hand, if a coalition member approaches a local school to secure approval from the principal to show a coalition-developed play about the importance of physical activity, this would be information sharing between the formal coalition and the community.

Turning back to Dawn, who is concerned about Community Health Partners’ lack of “local level” influence, but believes meetings to be “helpful,” it is clear to me that Dawn’s coalition has many members and a capable leader, but precious few of the group’s members work outside of the social services sector. As a professional coalition, it is not surprising that Community Health Partners has failed to engage the community at the “local level.” I agree with Dawn in that I find it highly unlikely that formal programs created by this young coalition have influenced widespread behavioral change sufficient to reduce, for instance, hospital admissions or diagnoses of childhood obesity. Then again, it occurs to me that Dawn may not be entirely correct in her assertion that Community Health Partners has failed to influence stakeholders in community groups, families, and individuals in the communities the coalition purports to represent. For instance, Community Health Partners member Jean explained to me how she used coalition-derived ideas to create change in youth programming at her church.

We have a real active youth group at my church, and so I’m trying to get the Sunday School teachers and the youth directors there to get these kids moving. If they’re going to have anything on the weekend, make sure it’s a physical activity-related thing. And if we’re going to have food then it needs to be healthy.

There would be little way, of course, for Dawn to be aware of this outcome of coalition meetings unless Jean told her. Still, Jean’s use of coalition-derived ideas to change programming at her church is certainly evidence of Community Health Partners’ success in promoting adoption of universal norms. In this way, Community Health Partners is quite “helpful” indeed.

The coalition-derived ideas that Jean has shared with her church exemplify collateral idea exchange. Changes such as these are difficult to measure in terms of community-wide health outcomes and have the potential to transcend agency and community boundaries as easily as they transcend discourse communities. Though they present challenges in terms of evaluation, it seems evident that these changes are nonetheless a commonplace outcome of coalition practice. In setting out to expand our knowledge of this form of dissemination, I asked whether respondents could recall having shared coalition-derived information with coworkers, friends, family members, or others. Then, I asked for examples of what, if anything, became of that sharing of information. These questions are emergent from research question set number five, as presented in chapter one.

5. Do coalition members report using information garnered at coalition meetings to engage in communicative action to promote change in discourse communities external to the coalition (multiple levels)? How might this collateral form of coalition-derived communicative action be further promoted?

Evidence of Idea-Sharing Between Coalition Members and Individuals Outside the Coalition

First and foremost, the majority of coalition members appear to engage in the collateral idea exchange that is the primary focus of this chapter. Half or more of the respondents interviewed from each of the study coalitions report having shared coalition-derived ideas with others (co-workers, family members, their church, etc.) in a way that resulted in changes in agencies, businesses, community groups, and/or family and individual behavior. As a result, I've come to see collateral idea exchange as a powerful form of coalition influence. Building upon this theory, I've found a correlation between length of coalition existence and frequency of reported collateral idea exchange, with members of long-tenured groups reporting more incidents of sharing coalition-derived ideas. This type of efficacious information-sharing was more commonly reported by respondents in Action for Youth and Bridges to Health, as those coalitions have been in existence for a longer period of time than the others. There are two possible explanations for this. One is simply that long-term coalition membership provides more opportunities for collateral idea exchange, increasing the likelihood that respondents from long-tenured coalitions can recall such examples in an interview. A second possible explanation is that

long-tenured coalitions tend to promote more idea exchange between coalition members, as these members have had a substantial amount of time to grow comfortable sharing ideas with one another. As a result, the number of ideas exchanged in coalition discourse may be higher, thus providing more opportunities to disseminate those ideas outside of the coalition. There may be additional explanations for this phenomenon, as well. Future research is needed.

A second correlation pertaining to the importance of collateral idea exchange is a potential link (though far from conclusive, given the sample size) between popular coalitions and increased frequency of collateral idea exchange outside of social services agencies. Each of the four non-social services sector representatives I interviewed provided one or more examples of coalition-derived information that they'd used to create change in a local business, community group, or in their own families (some of these are highlighted later in this chapter). This 100% rate of collateral idea exchange among non-social service sector representatives is remarkable. Also noteworthy is the fact that these respondents are sharing coalition derived ideas outside of the social services sector, thus further expanding the coalition's influence. Increased diversity of coalition membership, it seems, creates heightened coalition influence. Again, more research is needed.

These correlates provide some foundation for a budding theory of collateral idea exchange in coalitions. This foundation is strengthened in this research by clear evidence of collateral idea exchange inspiring changes in social services agencies, businesses, families, and individuals. Explanations of types of ideas shared and outcomes of exchanged ideas all help to build upon this emergent theory base.

Collateral Idea Exchange and Social Services Agencies

Perhaps the most common outcome of collateral idea exchange is a change in agency programming as a result of a coalition member having learned about a new instructional resource. This is not surprising, given expectations of idea exchange held by representatives of the social services sector (chapter four). Examples of this sort of exchange abounded in the interviews. For instance, health department manager Betty (Bridges to Health) tells how a coalition member's book came to be shared with department staff.

There is a member on our coalition that's on that and she works with adolescent females and they published a book. I bought the book for our staff, and shared with the staff that I had this and they work with that population, and this was a great resource about body image and nutrition – healthy habits.

Also from Bridges to Health, Susanna shared coalition-inspired changes in programming at her educational facility.

We did change our programming from my involvement. We have more dance and movement programming than we have had before.

Delivering Active Lives member Jeff volunteered his YMCA to be the site of a coalition meeting where Dave, a state health department representative, conducted a training session designed to teach adults how to encourage youth physical activity. Jeff's staff attended the presentation, and has incorporated some of Dave's suggestions into their work with youth.

[Dave] came and gave a presentation [to the coalition]. . . . and we were pretty impressed with it that we asked him to come back, and the committee asked if the YMCA would host his presentation. . . . We also sent staff there, so we had a number of our staff go through the program. . . . And they thought greatly of it, and they have incorporated much of that into our own after school program, so that's already being done, as we speak.

Another YMCA employee, Bridges to Health member Janice has used coalition-derived ideas to plan after-school activities.

Somebody brought this program called Media Smart Youth and we talked about how. . . . it's just educating kids on how media messages play a part in kids making decisions. . . . It's going to be offered. . . . What else did they give me? They gave me links to like rainy day activities where you can buy these kits. Things like that.

For many coalition members representing social services agencies, there is the expectation that coalition participation will provide ideas about conducting programs of benefit to agency goals. As such, collateral idea exchange from coalition member to the member's agency of employment serves as justification for the member's participation in the coalition.

Collateral exchange of research methods.

In addition to programming ideas, members of two of the study coalitions, Action for Youth and Bridges to Health, have shared coalition-learned research methods in their

workplaces. As discussed in chapter two, each of these coalitions utilizes a social marketing-based practical framework (Community-based Prevention Marketing, or CBPM) to design evidence-based interventions. In the CBPM approach, coalition members are trained in the use of marketing techniques such as identification of a target audience, assessment of benefits of and barriers to a given behavioral change, and selection of a program design that effectively makes use of the perceptions of the target group. Some members of these coalitions report applying these lessons to work outside the coalition. For instance, two different health educators commented on an overall change in how they and their colleagues design programs with community desires in mind. The first, Gail, has enjoyed a long career as a health educator, including her service as Action for Youth's health department-based coordinator. Gail believes that the coalition's use of CBPM has improved her own practice.

Yes, that is one thing that we have learned as a group. . . . the marketing skills. I think that is just thinking in a different way than a lot of health educators have thought in the past instead of just saying 'I think this is something we should we do, we just go out and do it because I think it is a cute idea. Does anybody else think it's a cute idea?'

Betty, a health educator and long-time member of Bridges to Health, agrees. She shared with me improvements to her department's decision-making practices in developing new health promotion initiatives. Specifically, her agency now focuses much more on identifying and understanding the needs of the target audience for any given initiative.

So I generally see in my realm here how we look at things better. We get money to do something and do we just go out and do it? No, we don't.

Finally, Tiffany, a member of Action for Youth, uses coalition-derived marketing strategies with local youth.

[I've learned] skill sets around marketing. You know, strategies used to develop focus groups or use information from focus groups to apply to marketing – naming a website. . . . we ended up doing two research studies based on not necessarily social marketing but community research that I observed from our formative research with [Action for Youth]. . . . So we taught 8th graders these research skills and had them write, do a report, do a study.

These additional benefits of coalition practice were only discussed by members of the two coalitions that have adopted social marketing techniques. Still, it is notable in the

cases described above that coalition efforts to seek improved understanding of community needs are also being adopted by coalition-member agencies. This is indeed an encouraging outcome of collateral idea exchange.

Potential for extra-local influence.

While most coalition-inspired programming changes in social services agencies are confined to a particular community, I was pleased to discover evidence that ideas exchanged in local coalitions can have much broader influence. As a member of Delivering Active Lives, cooperative extension agent Donna attended a coalition meeting that included a presentation on promoting physical activity for children. She enjoyed the presentation and recommended it to her superiors, resulting in idea exchange statewide.

I was never made [previously] aware of that physical activity workshop that [state health cabinet representative Amanda] mentioned at our meeting. And so I told everybody in here and actually called our, one of my specialists at [state university] and told her about it because I thought it was wonderful. And so they actually got it established for all the 4-H agents in the state.

While my research is not designed to pursue cascading changes such as this, the emergence of such broad adoption of coalition-derived ideas spread via collateral idea exchange is both noteworthy and further evidence of Kreuter, *et al.*'s assertion that coalition influence is difficult to measure (2000). Quite simply, there is no way of predicting, and little hope of measuring, all of the changes in health behavior resultant from Donna's sharing of a coalition-derived idea with state cooperative extension leaders. It is entirely possible in my estimation that this single incidence of collateral idea exchange has affected more change in health behavior than any of the formal programs designed and implemented by Delivering Active Lives to date.

Collateral Idea Exchange and Businesses

There is evidence that coalition discourse is used to effect change in businesses local to the coalition. Several of the study coalitions list as a goal the creation of programs that encourage wellness in the workplace. Unfortunately, as noted in earlier chapters, very few representatives of the business community can be found on coalition rosters. Because of this, I find particularly noteworthy Sam of Delivering Active Lives' explanation of a new physical activity initiative at the small business he owns.

Just this year, in fact, we've kind of put together a group of us that have joined one of the local health clubs. We haven't done that for years. . . . we've had 10 of us that have joined the health club and kind of better our lot here physically, and so, you know, did that come out of the coalition? I don't know, but it probably did. It was probably something there that said, you know, we're going to be more than just attending the meeting, we need to start acting like we're concerned with wellness, and this is one little thing we can do, and it's selfish, it's for ourselves, but we've got to start with ourselves.

Community Health Partners member Donna shared a similar success story, noting how a coalition member had shared coalition-derived ideas for worksite wellness programs with a local corporation. The corporation agreed to adopt such a program, prompting the member to return to the coalition, asking for assistance in designing the program. Some coalition members volunteered their agencies to help, resulting in the creation of a nutrition and physical activity program that ultimately boasted 100 participants. In addition to the health behavior change inspired in the corporation's employees, this case is remarkable in that collateral idea exchange ultimately resulted in a partnership between the social services and for-profit sectors. Anthropological research indicates that differences in agency goals, funding sources, and histories of interaction can make such cross-sector collaboration difficult (Schensul 1999; Chrisman, *et al.* 1999), to say nothing of the potential for conflict arising from differences in occupational cultures (Baba 1995). The fact that coalition-inspired program development can occur outside the coalition, as opposed to within the more neutral framework of the coalition itself, is noteworthy. Such collaborative efforts represent a clear benefit of coalition practice, but again magnify the difficulty of determining the full scale of a coalition's influence in a community.

Collateral Idea Exchange and Families/Individuals

There is evidence that ideas shared in coalition meetings are influential not only in agencies and businesses, but for families and individuals, as well. Twelve respondents were able to recall examples of the influence of coalition ideas on their personal and family lives. Bridges to Health leader Linda, for instance, reports using coalition-learned marketing strategies beyond the workplace.

I always think what's in it for them? And then I always try to think okay what's the cost to them, how would we promote it? Yeah. I do it with my kids. Like I'll think okay I want them to clean their rooms. And so for me it's a clean room and this feeling of orderliness. And this sense that I'm not raising wild animals. For

them, what's the product? It's having Mom be happy, that's important to them. But I think that way. And then I'll say well, I don't sell it from my point of view so much as I try to sell it from theirs.

In addition, Energizing Fitness member Rebecca, a single mother, has shared coalition-derived ideas to improve her son's nutrition.

I share a lot of what I've learned with my mother and I know that she has made... changes in alternatives in snacks that she gives him after school.

Muriel, formerly of Bridges to Health, laughed with me as she shared a similar anecdote regarding her participation in the coalition's work encouraging legislation that ultimately limited the sale of sweetened beverages in schools statewide.

I share with my family -- actually my granddaughter was a little bit upset because I shared the fact of the coalition and how the coalition was working to remove the drinks and snacks and all that stuff in the schools. And so my granddaughter was like, 'Oh, you are the one! That's why we don't have Pepsi any more, I hope my friends don't find out!'

Other respondents mentioned family members who'd participated in coalition programs, while still others recalled simple conversations with family or friends about ideas discussed in coalition meetings. In many of these cases, the respondents reported not knowing whether or to what extent collateral idea exchange inspired changes in individual behavior. As in many behavioral change decisions, it is likely that coalition-derived ideas play one part in a collection of experiences that ultimately leads to behavioral change. Still, the power of coalition members to influence change by sharing coalition-derived ideas with their contacts outside of the coalition is clear. Again, such influence is incredibly difficult to measure, though this does not diminish its usefulness in advancing coalition universal norms.

Chapter Summary

In this chapter, I've laid the foundation for a theory of alternate coalition outcomes, namely through what I've termed "collateral idea exchange." The data derived from my questions about idea sharing between coalition members and individuals outside the coalition supports the following conclusion: a large source of coalition benefit can be found in changes that agencies, businesses, families, and individuals make based on exposure to ideas first shared in coalition meetings. I believe that collateral idea exchange

is more easily achieved in coalition practice than idea exchange between the formal coalition and the community, because the former takes place along established social networks (discourse communities). I've identified a possible correlation between coalition tenure and collateral idea exchange and a potential link between popular coalitions and increased frequency of collateral idea exchange outside of social services agencies. Further, I've established idea exchange relative to social services agency programming to be an expected outcome of coalition membership for many, providing evidence that programmatic ideas and instructional resources can be shared extra-locally (e.g. statewide) as shared ideas produce cascading changes throughout multiple branches of an agency. There is also evidence that the methods used by coalitions to improve knowledge of community needs are being transferred to social services agencies via collateral idea exchange. Coalition-derived ideas also inspire change in the business community, as coalition members representing the for-profit sector are inspired to promote health-related behavior change among employees and as coalitions stimulate collaboration between businesses and social services agencies. Finally, coalition members report sharing coalition-derived ideas with their friends and families, prompting untold behavioral changes for those individuals and their contacts.

It is important to reiterate that these conclusions are tentative at best, as they are based largely on anecdotal evidence presented by a small sample of coalition members. This research was not designed to investigate claims of change inspired by collateral idea exchange; merely to identify whether such changes are commonly reported by coalition members. As has been discussed, it would be difficult if not impossible to accurately measure the entirety of the influence a given coalition has in inspiring change in a particular community. The evidence that such idea sharing is taking place and being acted upon in even relatively young coalitions, however, should give pause to those who would call coalition effectiveness into question, and serve as a call for further research into collateral idea exchange.

Implications for Practice

The application of this emergent theory presents a clear challenge to contemporary modes of coalition evaluation, which tend to focus on population-based health outcomes emergent only from coalition-derived programs as evidence of coalition

success. I argue that assessment of coalition outcomes should consider the extent to which coalitions inspire collateral idea exchange, taking into account process over outcome. There is growing support for this argument. Butterfoss (2007) laments that agencies that fund coalitions are more interested in outcome than process (proving coalitions work, as opposed to showing that coalitions are endeavoring to improve), resulting in evaluations that fail to adequately address issues of “process, implementation, and improvement” (486). Heavy reliance on quantitative research and evaluation methods is a logical extension of the public health training of many of the individuals involved in coalition work (Schensul 1999), but there is agreement that the incorporation of qualitative and process-oriented evaluation methods will result in a clearer picture of the influence a given coalition has in a community (Schensul 1999, Butterfoss 2007). Put another way, it seems likely that improvement in coalition practice will be best achieved by focusing on “what works and what doesn’t” (4), as opposed to the achievement of long-term health outcomes in a specific community (Birkby 2003:4).

Beyond the practice of coalition evaluation, I believe that the greatest influence of a theory of coalition collateral idea exchange can be realized as coalition leaders encourage members to freely share coalition-derived ideas with everyone they can, then sharing the response they received with the coalition. The practice of encouraging collateral idea exchange has two benefits. First, when positive results of collateral idea exchange are viewed as valid coalition outcomes, coalitions have many more victories to celebrate, thus positively affecting member satisfaction. This, in turn, increases coalition participation, facilitating communicative action and achievement of universal norms. Second, promotion of collateral idea exchange promotes communicative action as the number of discourse communities the coalition can reach increases. As posited by Communicative Action Theory and supported in this research, coalitions that achieve positive community-wide health behavior change seek all possible means of engaging the entire community in communicative action; or, as put more succinctly by Jeff of Delivering Active lives:

If the community really is interested in impacting the wellness of its people, they need to try to get their tentacles out in as many places as possible.

Collateral idea exchange is a crucial means by which a coalition spreads these metaphorical “tentacles.”

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Chapter Seven: Conclusion and Implications for Theory and Practice

The future of applied anthropology lies in the growth of theoretical and practical work in various domains and in establishing their relevance for solving societal problems. . . . successful applied anthropological work relies on collaboration and integration of the techniques and vocabularies of other fields, development of the most effective and innovative anthropological methodologies, increased facility in the use of emerging technologies, and mobilization of strong communication skills to best disseminate information to a lay public. (van Willigen and Kedia 2005:351)

The contemporary community-based public health coalition movement traces its roots back to Finland's North Karelia Project, which began in 1971 as a group of local citizens, concerned about rates of heart disease, petitioned their government for action. This grassroots genesis was perpetuated during the first five years of the project through community meetings that were attended by over 20,000 citizens and a training program that recruited over 1000 lay leaders to spread information about cardiovascular health throughout their own discourse communities (McAlister, *et al.* 1982). The North Karelia Project was explicitly focused on seeking information from and providing information to as many community members as possible, and became the model for a global and vigorous community-based public health coalition movement.

Between 1971 and today, the community-centered focus that was at the heart of the early coalition movement seems to have largely disappeared. Even worse, many coalitions remain ensconced in vestigial participatory rhetoric, with membership rosters largely or wholly devoid of representatives of the marginalized groups that tend to suffer disproportionately from the afflictions that the coalitions seek to alleviate. In my research with five contemporary U.S. coalitions, I spoke with many well-meaning and hard-working representatives of the social services sector who remained skeptical of the ability of their coalitions to inspire community-wide behavioral change. They have been members of several coalitions, and now tend to see such groups as burdensome and "meetings for the sake of meetings," as opposed to prospective agents of improved community health. This lack of community-wide influence is confirmed by Kreuter, *et al.* (2000), who found that less than ten percent of the studies referencing coalition-based programs published between 1990 and 1997 report evidence of coalition-inspired change in community health indicators. Such a finding is predictable, given anthropological accounts describing widely differing definitions of "participation" in supposedly participatory health programs (Lundy 1999, Wayland and Crowder 2002) and a tendency

for researchers to fail to relate to the communities they are seeking to change, thus promoting marginalization (Koné, *et al.* 2000). It seems clear that much of coalition practice has moved away from the community-centered focus responsible for its rise to prominence. I do not, however, believe that this is an indication that the coalition model should be abandoned.

Instead, I chose in this dissertation research to utilize an anthropological approach to focus on improving our understanding of the role of participation and dissemination of ideas in the public health coalition, so that the community-wide positive health outcomes that are sought by so many coalition members, leaders, and funders today might be more reliably achieved. To provide clarity to the premise that diverse community participation must exist for dissemination of public health interventions to be successful, I relied on Communicative Action Theory as posited by Jürgen Habermas, wherein “communicative action” is defined as the process of *multidirectional exchange of values* within a *discourse community* with the goal of arriving at *universal norms* of use to the entire community. Habermas believes that community-wide adoption of certain beliefs and/or behaviors (universal norms) cannot be achieved absent input and compromise between all members of the community. Failure to achieve this input and compromise equates to failure to achieve adoption of universal norms amongst excluded groups, leading to the marginalization of these groups as hegemonic discourse goes unchallenged (Habermas 1984, 1987, 1990). Communicative Action Theory applied to coalitions would suggest, then, that failure to incorporate diverse participation would severely limit a coalition’s ability to effect behavioral change throughout an entire community. This strong assertion of the importance of participation is the guiding principle behind my research, just as it was the guiding principle behind the North Karelia Project.

As with any applied research, the product of my participant observation of coalition meetings and interviews with coalition members is two-fold, including both contributions to coalition practice and to social and anthropological theory. This concluding chapter is designed to highlight these findings.

Conclusions Relevant to Coalition Theory and Practice: Supplements to the CCAT Broader Participation Proposition

As an applied anthropologist, it is important to me that my research, though rooted in social theory, be couched in terms that allow for positive change in coalition practice through contribution to a theory of coalition structure, process, and impact. Because of this, I augmented my use of Communicative Action Theory with the only existing comprehensive body of theory specific to coalition practice, Community Coalition Action Theory (CCAT). To create this theory, Frances Butterfoss and Michelle Kegler combined existing coalition literature with personal experience to create a list of 23 propositions, each of which speaks to a theoretical understanding about coalition practice (Butterfoss and Kegler 2002, expanded upon in Butterfoss 2007). There is ample room, however, for further understanding of the phenomena undergirding each of CCAT's 23 propositions. Butterfoss asserts: "This theoretical model is a starting point – we welcome all contributions that improve its validity, reliability, and utility" (2007:91), while also noting a need for explanatory models emergent from qualitative coalition research strategies. In this research, I focused on improving theoretical and practical knowledge underlying a CCAT proposition well-aligned with traditional anthropological modes of inquiry. CCAT proposition number eight reads: "More effective coalitions result when the core group expands to include a broader constituency of participants who represent diverse interest groups, agencies, organizations, and institutions" (Butterfoss 2007:73). Based on data presented in this dissertation, I propose six supplements to this CCAT "broader participation proposition."

8.1. Coalitions exist on a continuum of diversity of participation from "popular" to "professional." Popular coalitions represent entire communities, and thus are well-suited to promote community-wide change. Professional coalitions represent the social services sector, and are well-suited to promote change within that sector only.

Using Communicative Action Theory alongside stated and observed differences in diversity of participation in coalition discourse, I've created a typology in which coalitions exist on a continuum from "popular" to "professional" as indicated by the diversity of community participation they achieve. "Popular" coalitions achieve diverse participation from different stakeholder groups (discourse communities), including representatives of non-profit agencies, governmental agencies, small and large

businesses, political leaders, community members, and any other individuals who possess a stake in the coalition's goals. "Professional" coalitions have limited diversity of participation, consisting largely or exclusively of representatives of the social services sector. Popular coalitions are well-positioned to create positive community-wide change (adoption of universal norms) per criteria put forth by Communicative Action Theory. Professional coalitions are more limited in this regard, and would do well to focus only on creating change within the represented agencies, as attempts at community-wide change are likely to result in marginalization of under-represented groups. Based on the stated community-changing goals of each of the study coalitions, as well as on the expectations of organizations that provide grants for coalition practice, most coalitions would do well to focus on achieving a membership base that reflects the diversity of the community the coalition purports to represent. A clear consequence of diverse coalition participation is the additional time required as coalition members share their own experiences and beliefs with one another in efforts to reach compromise as to appropriate courses of action for promotion of coalition goals (universal norms). It is important that coalition members, leaders, and funders understand this delay as a crucial component of the communicative action process, allowing time for such discussions in coalition meetings.

8.2. To achieve increased diversity of participation, coalition leaders and members should strive to overcome barriers to participation, including lack of knowledge of the coalition's existence and heightened attendance sacrifices required of individuals outside the social services sector.

There was a tendency among some coalition members in this research to assume that those who do not attend coalition meetings simply fail to see the importance of coalition goals. While this may possibly hold true for some members of the communities the coalitions purport to represent, I do not believe this to be the case for the majority of the individuals who fail to attend coalition meetings. Instead, I've come to see poor diversity of representation as a function of two barriers: lack of knowledge of the coalition's existence and heightened attendance sacrifices required of individuals outside the social services sector.

Lack of knowledge of the coalition's existence is certainly the larger of these two significant barriers to coalition participation. The study coalitions were advertised almost

exclusively by word-of-mouth, as coalition leaders relied upon existing networks to build coalition membership rosters. Such an approach to the task of coalition-building is understandable, but problematic inasmuch as coalition leaders hail exclusively from the social services sector. As a result, the study coalitions contained very few members from outside the social services sector. One means of achieving increased diversity of participation would simply be to focus on making others aware of the coalition's existence, as when Energizing Fitness leader Lisa sent a workshop invitation to owners of local businesses, prompting at least one business owner to attend the workshop and subsequently join the coalition.

Knowledge of a coalition's existence, however, does not remove all barriers to coalition participation. Coalition leaders would do well to understand that many of the same sacrifices they are able to make to attend coalition meetings are serving as barriers to attendance for others. Many of the coalition members I interviewed saw time taken in traveling to and attending coalition meetings as a significant sacrifice. Some individuals, such as school teachers, simply have an inordinately difficult time attending coalition meetings during the school day. Coalition members who work within the social services sector, on the other hand, are able to define time spent in coalition meetings and performing coalition-related tasks between meetings as "work product." This is not the case for most individuals who work outside of the social services sector, some of whom would have to take vacation time or unpaid leave to attend coalition meetings. These differences in occupational cultural norms contribute mightily to a propensity for coalition rosters to be disproportionately filled with social services sector representatives. Solutions to this phenomenon will vary according to coalition goals, but could include the adoption of different meeting times or, as suggested by Bridges to Health leader Linda, maintenance of a large e-mail list for the purpose of providing information to and soliciting ideas from individuals who are unable to attend coalition meetings.

8.3. Different coalition members expect different benefits from coalition participation. Efforts to recruit and maintain coalition participation from groups outside of the social services sector need to be couched in terms that recognize the realities and needs of those groups.

Although small business owner Sam was tempted to attend a meeting of Energizing Fitness as a result of leader Lisa's invitation, he reported feeling quite

uncomfortable at the meeting. Not only was Sam the only representative of the business sector in a room full of social services sector representatives, he also found himself somewhat frustrated by the constant focus on agency goals that permeated the meeting, as his own occupational culture led him to view such discussions as a poor use of valuable time. Sam remained, as of our interview, uncertain as to whether he'd attend another coalition meeting. By asking coalition members what they expect to achieve by virtue of attending coalition meetings, I've discovered some differences in expectations according to sector. Specifically, representatives of the social services sector commonly expect that coalition membership will provide networking and idea-sharing opportunities that are of benefit to their agencies and/or themselves. Social services sector representatives also expect that coalition attendance will assist in meeting the goals of their agency, including assistance in seeking funding. Representatives of the for-profit sector, on the other hand, see coalition membership as an opportunity to "give back" to the community, and expect that the coalition will help them to achieve positive public relations. Representatives of all sectors agreed with the coalition's goal of achieving improved community health, though broad and/or poorly understood coalition goals were a source of frustration for many coalition members, especially those from outside the social services sector. Further, efforts by coalition leaders to recognize member contributions were seen as universally positive, providing an important means of meeting the expectations of all coalition members.

8.4. Efforts at including members of marginalized groups should extend beyond tokenism. Active participation and compromise from all coalition members, not merely presence, is required if the coalition is to successfully represent a community.

A focus on diversity of participation is in danger of overlooking an important component of Communicative Action Theory – the requirement that all group members must be active participants in the process of exchange and compromise if universal norms are to be achieved. Attendance and active participation are different tasks. As my interview strategy in this research included former coalition members, I was fortunate to interview Muriel, who left Bridges to Health feeling as though coalition members appreciated her representation of the Hispanic community, but not her ideas. Muriel made it clear to me in our conversation that she did not want to be seen by members of Bridges

to Health as the “token Hispanic.” In fact, as she capably pointed out, there is no such person. As anthropologist Steven Gregory asserts, efforts at inclusion that are driven by belief in “coherent, discrete clusters of beliefs and attitudes” (1994:367) are oversimplified. One person cannot possibly represent the entirety of the Hispanic or any other community in coalition discourse, just as one person cannot possibly represent the entirety of the opinions of small business owners, hospital administrators, YMCAs, cooperative extension agents, health department employees, concerned parents, and so on. Successful strategies of inclusion should not be driven by concern for the number of marginalized groups represented at meetings but should instead focus on the active exchange of ideas from representatives of marginalized groups in coalition discourse and action.

8.5. Coalition leaders should strive to provide as many opportunities for member input as possible. The benefits of diverse coalition participation can only be realized if members are given the opportunity to freely exchange ideas.

The purpose of the coalition has always been to promote exchange of ideas between individuals with different perspectives and experiences. This exchange takes place both during and between coalition meetings. Between-meeting communication between coalition members is commonly achieved via e-mail, individual conversations between coalition members, and sub-committees. In the study coalitions, a large amount of coalition planning was done between meetings. Such a strategy is sensible for arranging meeting locations and planning the logistics of coalition programs such as workshops. I discovered a tendency, however, for coalition leaders to act on input from small groups in the accomplishment of larger tasks such as determination of coalition goals or adoption of coalition programs. Such actions are often unintentional and advanced by a desire for quick action, but can be intentional products of competition for resources or other “turf battles,” particularly between social services agencies. Whatever the cause, failure to consult the full coalition in critical decision-making tasks defeats the purpose of achieving a diverse membership base. The actions of small groups often generate frustration among the coalition members who were not included in the decision-making process, leading to diminished coalition participation and increased accusations of favoritism. While it would be impractical to poll each coalition member for approval

of each coalition action, decisions about coalition activities and goals should be made with as much transparency as possible and should be clearly open to comment from all coalition members.

Turning to coalition meetings themselves, I observed that the most productive coalition meetings allow members to contribute freely to conversation focused on the achievement of coalition goals. Conversely, meetings that contain lengthy expert presentations devoid of opportunities for conversation are minimally effective. It is not safe to assume that all coalition leaders have the capacity to achieve effective coalition-based communicative action. In fact, cultural norms surrounding meetings in the social services sector tend to exclude communicative action, placing value on presentation over conversation. Coalition funders should emphasize the importance of building leadership capacity amongst coalition leaders so that communicative action might best be facilitated. Idea exchange is aided in coalition meetings by detailed agendas that leave ample time for idea sharing, opportunities for members to informally converse, efforts made to welcome new members, and goal-oriented questions posed to the membership at large. Clear and limited coalition goals are also beneficial to idea exchange, as they assist the coalition in staying on task.

8.6. A key benefit of coalition practice is change resultant from dissemination of ideas between coalition members and individuals outside the coalition (collateral idea exchange).

Finally, and in response to critiques of the coalition model stemming from minimal evidence of community-wide health behavior change, I posit that a more holistic measure of coalition effectiveness is realized through analysis of changes coalitions inspire as the process of communicative action moves from coalition to community via collateral idea exchange. Coalition members frequently share coalition-derived ideas with their places of employment, social groups such as churches, and their families. In some cases, these instances of collateral idea exchange produce a cascading effect, such as when information shared in a meeting of Delivering Active Lives resulted in the adoption of a youth physical activity training curriculum for 4-H leaders across the state. Coalition outcomes such as these are difficult to trace precisely to their origins for evaluative purposes, but are in all likelihood more efficacious in promoting health behavior change

than are specific coalition programs such as workshops and other community events. Of course, popular coalitions are better able to drive this sort of exchange, as they include multiple community voices in coalition discussions, thereby ensuring that the ideas derived from a popular coalition are potentially of greater applicability to agencies, families, etc. within the broader community than ideas that become disseminated from the limited viewpoints inherent in the professional coalition. Coalition members, leaders, and funders should recognize these collateral benefits of coalition discourse, encouraging the sharing of coalition-derived ideas with others outside the coalition.

Achieving a Participatory Future for Coalition Practice

While I believe the six statements I've proposed as supplements to the CCAT broader participation proposition to be useful for advancing coalition theory and practice, I echo Butterfoss' assertion that additional research is needed to confirm the validity of these statements when applied to other coalitions. In practice, the principal coalition change I'm suggesting – a move away from professional coalitions in favor of increased diversity of participation – is made perhaps most difficult by limitations on time. It takes time for coalition leaders and members to seek out representatives of discourse communities unfamiliar to them, just as it takes time for members of popular coalitions to become comfortable working with one another, achieving compromise through active idea exchange (communicative action). I've included ideas for encouraging the achievement of popular coalitions at the community level throughout this dissertation. Achievement of increased diversity across coalition practice will also, however, require change on the part of agencies such as the CDC, the World Health Organization, and the many private foundations that fund coalition practice. It is my belief, based on this research, that grant requirements suggesting the use of coalitions are too vague, and as such have led to departure from the original participatory coalition ideal as achieved in the North Karelia Project. Funders should specify whether they seek to fund coalitions that create change across communities or merely across social services agencies. If community-wide change is the goal, timelines and funding amounts should reflect the additional time and resources necessary for multiple community perspectives to be included.

Based on meta-analysis of articles describing coalition outcomes, Kreuter, *et al.* (2000) conclude that coalitions must be one or more of the following: insufficient for affecting community change, saddled with falsely elevated expectations, and/or creating change that is difficult to detect. Regarding the last of these options, I've discovered that all coalitions are capable of inspiring change as coalition-derived ideas move from coalition members outward to diffuse audiences, including agencies, businesses, social groups, and families. This change is indeed difficult to detect via traditional modes of technical knowledge-focused coalition evaluation, with its emphasis on program participation and community-wide health indicators, as change inspired by collateral idea exchange is by definition not the product of specific coalition-derived programs, nor can it always be traced to a single source. As for speculation that coalitions may be insufficient change agents and/or saddled with expectations they cannot hope to attain, I believe that the answer to this conundrum varies by coalition. Many coalitions are indeed insufficient for creating community change, as they ignore the community in attempts to modify community health behavior. For these groups, I agree that the expectations of community-wide change are inappropriately lofty, as well as dangerous to marginalized groups. On the other hand, I believe that renewed focus on diverse coalition participation will reduce concerns about the inability of coalitions to create community-wide change, allowing public health practice to achieve on a broad scale the promise of improved community health outcomes demonstrated by the North Karelia Project, prominent in contemporary coalition rhetoric, and long promised by researchers such as medical anthropology pioneer Benjamin Paul: "If you wish to help a community improve its health, you must learn to think like the people of that community" (1955:1).

Conclusions Relevant to Anthropological Theory and Practice

While advances in coalition theory and practice are perhaps the most prominent outcome of this research, I believe that the use of Communicative Action Theory to study contemporary community-based public health coalitions represents a useful tool in furthering anthropological understanding of participation. Further, it seems likely that many of the practical lessons learned in this research on coalitions may also be applicable to practice in applied anthropology. I conclude this dissertation by discussing how this research has contributed to Communicative Action Theory, implications for using the

theory in broader anthropological research, practical findings of relevance to applied anthropology, and considerations for future anthropologically-based coalition research.

Expanding the Utility of Communicative Action Theory

In proposing Communicative Action Theory, Jürgen Habermas revealed his hope that society would realize a re-emergence of the “public sphere,” wherein private individuals gather publicly to use reason to solve the problems of the day. Habermas sees the state, the market, and the media as limiting the ability of humans to engage in communicative action sufficient for the creation of universal norms. The coalitions I’ve studied in this research are reliant on state support in the form of grant funding, and thus are in seeming opposition to the achievement of communicative action. I’ve referred to these groups as “grant-inspired” coalitions, as they have been formed by public health professionals in response to the availability of one or more grants, as opposed to being formed by community members in response to changes in health status, such as in the case of “grassroots” coalitions such as the North Karelia Project. At the same time, even grant-inspired coalitions are emergent from a grassroots participatory model that yields demonstrated promise for success in achieving community-wide adoption of universal norms. This reveals a challenge to Communicative Action Theory. Must the grant-inspired coalition be resigned to doing more harm than good by limiting rationality and reifying hegemonic discourse? Or can such coalitions be “settings where constituents [can] regain ownership over their local institutions and communities,” as envisioned by coalition proponent Thomas Wolff (2001a:171)?

In this research, I’ve sought to advance Communicative Action Theory by using it to explain the complicated forms of discourse that arise as individuals work to improve community health through the grant-inspired coalition. I argue that, under certain parameters requiring a continual focus on diversity of participation as outlined in Communicative Action Theory, the grant-inspired coalition can serve as a discourse community capable of generating universal norms of use in confronting societal problems such as barriers to community health.

Unique to Communicative Action Theory is Habermas’ focus on communication as the site of rational societal decision-making. By siting rationality within communication, Habermas allows for the understanding and development of strategies

aimed at maximizing both the inputs and outcomes of communication – participation and dissemination. Examples of strategies emergent from my application of this theoretical perspective include recognition of the value of collateral idea exchange, creation of the popular/professional coalition taxonomic continuum, and the assertion that coalition meetings should be designed to facilitate multi-directional idea exchange. By applying Communicative Action Theory to explorations of participation and dissemination in one social change model, the community-based public health coalition, I believe that I've created a pathway by which future researchers can investigate participation and dissemination in other models of social change, thus no doubt advancing the theory still further.

Using Communicative Action Theory in Anthropological Research

Communicative Action Theory as a framework for improving our understanding of participation is of particular use to an applied anthropology that has long espoused the importance of participation, but has struggled to come to a uniform understanding of both barriers to participation (Lundy 1999) and variation in how participation is defined (Smith-Nonini 1997). I've demonstrated that Communicative Action Theory can be used to address both of these issues, thus furthering our knowledge of barriers to and perceptions of participation. A focus on communicative action allows the researcher great flexibility in assessing barriers to participation across different levels of analysis, as advocated by anthropologists Moran (1995) and Bhattacharyya (1995) and evidenced by my investigation of personal, agency-based, and community-based expectations associated with coalition participation. Just as Communicative Action Theory has provided a framework for improved understanding of barriers to participation in coalitions, I believe it also holds great promise for anthropological investigation of other agents of social change or, for that matter, coalitions in domains outside of public health. Additionally, I believe that Communicative Action Theory may be of sound use in occupational/business anthropology, as it forces hermeneutic knowledge-based consideration of interaction between all subcultural groups. By understanding the diverse messages offered by the multitude of discourse communities (including, but not limited to, occupational cultures) that individuals consult prior to making change decisions, then seeking to discover how those messages are combined by the individual to achieve arrival

at a particular action, anthropologists gain improved understanding of often-overlooked barriers to change in any number of domains.

The most useful attribute of Communicative Action Theory, however, may be that it proposes a single, clear definition of ideal participation, however unobtainable.³⁹ In applying this definition to coalitions, I was able to differentiate between presence and active engagement in coalition discourse, presenting participation as much more complex than a simple headcount at a coalition meeting. In sum, by viewing full achievement of participation as an idealized state, I was able to see the concept of participation as a continuum, not as a dichotomy. My own addition of the popular/professional continuum provides a means of identifying progress toward achieving Habermas' participation ideal within individual coalitions. Instead of fabricating a neo-Marxian dichotomy envisioning coalitions as either wholly of the "public sphere" or a product of "hegemony," I envision contemporary coalitions as occupying the space between these extremes. Thus, instead of viewing coalitions as either wholly suited or entirely ill-advised for the purposes of creating positive change absent marginalization, I am able to examine the potential utility of all coalitions, including those that demonstrate minimal diversity of participation, while also emphasizing the limits of these groups. The end result of this examination is my conclusion that popular coalitions are well-suited to promote community-wide change, while professional coalitions are well-suited to promote change only within the social services sector. I see Communicative Action Theory as applied in this research as potentially yielding new realms of anthropological research investigating the perils, effects, and even the potential utility of social change models that fall short of Habermas' vision of ideal participation.

Implications for Applied Anthropology Practice

Though untested in this research, it seems reasonable to conclude that many of the practical findings of this work along the lines of encouraging diversity of participation and dissemination of ideas in coalition discourse may well be of use to other applied anthropological endeavors. Just as this coalition research is derived in part from work in

³⁹ According to Communicative Action Theory, ideal participation is synonymous with arrival at "universal norms," which are achieved when *all* members of a discourse community engage in communicative action, freely exchanging individual ideas and experiences, allowing the participants to arrive at a compromise that all see as best for the group. At the community level, this definition of ideal participation represents an idealized state owing to clear logistical and communicative constraints associated with large groups.

community development, public health, and organizational/business anthropology, I believe that there is potential for this research to contribute to practice in applied anthropological endeavors such as, to cite but one example, community-based participatory research (CBPR), which continues to be a strong area of focus within applied anthropology. When removed from their coalition context and placed in the context of the broader community work undertaken by applied anthropologists, the six supplements to the CCAT broader participation proposition might also be read as guiding principles for other types of community engagement. Specifically, just as different coalition members expect different benefits from coalition participation, it seems important for applied anthropologists to recognize that different participants in community-based projects likely harbor expectations that may also be grouped by sector according, in part, to occupational culture. Understanding the hermeneutic knowledge underlying these varied expectations and applying this understanding in efforts to maximize communicative action would no doubt improve the potential efficacy of these programs. In this research, attempts to understand varied expectations led to the finding that networking, positive public relations, desire to provide information to the community, and altruism are all important motivators in collaborative community work, but are held by different stakeholder groups. The same could likely be said in, say, a university/community partnership. It was deemed important in this research for coalition leaders to understand these different motivations, working to allow all stakeholders to realize their expectations of the collaboration.

In practical terms, this means that meetings should be opportunities for active exchange, focusing more on conversation than on presentation. This is potentially applicable to an even greater extent in cases of a university/community partnership, given potential tendencies of academy-based stakeholders to lean in a more lecture-based direction. Along similar lines, and particularly because individual expectations of any collaborative effort will differ, it is crucial that such projects begin with the setting of goals that are both clearly-defined and formed by diverse community input. This collaboration should continue as the project moves forward, such as in the setting of agendas. Non-meeting communication was deemed essential in this coalition research, but can also be seen as an area of missed opportunity, as emails and other communicative

activities had a tendency to inform, but not to seek information. Anthropological practitioners would do well to take advantage of opportunities to seek multi-directional idea exchange whenever possible, and throughout the lifespan of any collaborative endeavor.

Of paramount importance, anthropologists, like coalition leaders, should strive for ever-increasing diversity of participation in efforts at community change. Oftentimes, as coalition leaders have attested, this includes working hard to minimize not only barriers associated with differences in occupational culture, but also those associated with the history of “turf battles” and political struggles that all communities experience. Wise coalition leaders emphasized the importance of inclusion, idea-seeking, and transparency in planning as successful tactics for breaking down these barriers. The benefits of diverse participation should be clear to applied anthropologists. Through this research, I’ve found that achieving this diversity requires a constant willingness to involve others, both through encouraging meeting-based discussions of stakeholders who should be invited to join group discourse and, perhaps most effectively, meeting personally with individuals whose perspective is deemed crucial (even if that perspective runs counter to that of other group members). We should continually seek to extend recruitment beyond existing networks. In a discipline that takes great pride in advocating for the marginalized and intensively studying grassroots approaches to community change, I do not believe that applied anthropologists are immune from some of the same exclusionary tendencies that I’ve observed in coalition members and leaders. As Nader (1972) intimated long ago, anthropologists may be nearly as much in danger of failing to include prominent community powerbrokers in our research as coalition leaders are of failing to include representatives of commonly-marginalized populations. The theoretical framework utilized in this research encourages inclusion of the powerful alongside the marginalized, while acknowledging that individual cultural roles are far more complex than this simple dichotomy. Moreover, our praxis should reflect a clear difference between “presence” and “engagement,” seeking to avoid feelings of “token-ness” through the focus on active in- and between-meeting discourse as described above. Seeing the barriers to increased diversity that coalition leaders face, I’m left to consider the increased height of these barriers for applied anthropologists who, in most cases, are not nearly so deeply-rooted in

a particular community. We must be vigilant in our efforts to include diverse perspectives in all of our work, lest that work have marginalizing consequences.

A Future for Anthropologically-Based Coalition Research

The coalition members I spoke with in this research do not see themselves entirely as grassroots activists, of course, nor do I believe that they exist entirely as representatives of marginalizing governmental and capitalistic forces. In their responses to my queries I found a combination of the activist's compassion and desire for change, coupled with the bureaucrat's support of the medical system and political acuity. These individuals come to coalition meetings representing multiple constituencies at once, bringing to light both the inherent difficulty in achieving community-based participatory change and the promise such efforts at change entail. I find anthropology well-suited to coalition research in its ability to investigate the multiple simultaneous points of view that are constantly expressed in coalition discourse. The participatory benefits of the coalition approach were made clear now decades ago. Anthropological analysis, however, is capable of going beyond this simple understanding of participatory assets:

The identification of assets and existing resources in the community is a critical starting point for research but must be linked to a consideration of the various political, economic, and cultural factors that are divisive in all the processes that operate in building and sustaining community. (Hyland 2005:231)

I've attempted to bring to coalition research improved focus on factors prompting participation in efforts at "building and sustaining" community health. While outcomes-based quantitative research certainly has an important place in coalition work, few of the factors underlying decisions to participate in coalition discourse can be fully assessed quantitatively.

The methodology I've used and would continue to recommend for such an exploration – participant observation of coalition meetings combined with semi-structured targeted interviews with coalition leaders, members, and former members -- is unique amidst an overwhelmingly quantitative body of existing coalition research. Similarly, the comparative approach I've taken in this research has been little-used in coalition research to date, particularly outside of meta-analyses of existing coalition literature. It is only through a comparative approach that I've been able to explore factors leading to differences in participation and dissemination between coalitions, making use

of the previously-cited assertion that: “Anthropology is comparison or it is nothing” (Cohen 1989:247).

Future research building upon the findings in this dissertation would do well to extend this comparative approach. Of great interest anthropologically, for instance, would be a single study comparing participation and dissemination of ideas in grassroots and grant-inspired coalitions, with the goal of seeking means of bringing Habermas’ vision of the public sphere closer to reality. Further, I see benefit in more solidly tracing collateral idea exchange in coalition discourse, following shared ideas in an effort to achieve a better grasp of the influence of this important component of coalition communicative action. I believe that social network analysis, as advocated by Wasserman and Faust (1994) and increasingly used in anthropological investigations of the strength of ties within a particular social network, represents a potentially useful means of achieving improved understanding of collateral idea exchange.

This research has also made clear the immense importance of effective leadership in encouraging or inhibiting communicative action in coalition discourse. It is clear that not all coalition leaders are equally adept at this task. Assessment of means of enhancing coalition leadership capacity seems to be an important ongoing component of efforts to achieve a participatory future for coalition practice. Owing to the fact that coalitions cannot function logistically with immediate input from all residents of a given community, there is also great need for improved practical understanding of means of promoting involvement in coalition discourse among individuals who are unable to attend. The nature of this type of discourse – participating, but not present – differs from the interactions I’ve observed and described at coalition meetings, and thus yields itself to similar investigations of factors motivating levels of participation and dissemination of ideas, including ideas moving from the coalition member to the coalition itself. While I have focused in this research on participation in terms of coalition membership, many coalitions are being encouraged to use community research as a means of including diverse community voices in coalition discourse. While using “evidence-based” community research to inform coalition-derived programs is likely better than using no research at all, one wonders what is lost in the frequent reality that the questions asked are designed, administered, and interpreted by representatives of the social services

sector. More research is needed, and there is still much work to be done in seeking means of including marginalized voices in coalition discourse.

I've grown fond of quipping at conference presentations: "wherever you go in the world, chances are there's a group of people in a conference room somewhere plotting ways to get you to eat better and exercise more." The global rise of coalition practice since the 1970's is indeed remarkable, and is itself a testament to the power of communicative action. However, as is quite common in efforts at communicating complex information to diverse audiences, a crucial portion of the original coalition message seems to have become all but lost. This research represents an effort to reconstruct the most successful element of coalition practice, its participatory approach, while advancing ongoing anthropological theories of participation. In theory, I see the combination of Communicative Action Theory and the popular/professional continuum as useful for advocating studies of social decision-making practices in attempts at community change both in and beyond coalition practice, leading to new insights into how participation might be more readily achieved. In practice, I am hopeful that coalition leaders use this research as a rationale for increasing diversity of coalition participation, leading to health promotion efforts that will be more readily accepted by the communities these groups purport to represent. If this occurs, I believe that the application of Communicative Action Theory has the potential to move communities just a bit closer to Habermas' dream of the public sphere, which, after all, resonates quite nicely with anthropological efforts to discover means of minimizing marginalization in human societies, and with coalition member Greg's dream of everyone throwing starfish.

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Appendix A: Research Description Sent to Coalition Leaders

Chad Morris, M.A.
[address]

02 August 2006

Dear [coalition leader's name],

This letter is being sent as a follow-up to our discussion regarding the possibility of including the coalition you lead as part of [overall program] in my dissertation research for the Department of Anthropology at the University of Kentucky. Below you will find a description of the research, including the purpose of the study, anticipated research activities involving your coalition, and potential benefits to the coalition that may arise as a result of taking part in the study. Of course, your coalition's participation in the study is your choice, and all interviews conducted for the study will require signed informed consent from the respondent, in accordance with the protocol approved by the Office of Research Integrity at the University of Kentucky (IRB Number 06-0463-P4S). A copy of this approval and the accompanying informed consent document is enclosed (you do not need to sign the document at this time).

As you know from experience in working with coalitions, one of the difficulties inherent in coalition work is attempting to understand and work with differing goals for coalition action. In other words, coalition members often participate in a coalition for different reasons, representing different agencies or groups. These differences, at times, can hamper effective communication between coalition members and can, in fact, discourage some stakeholders from participating in the coalition at all. In addition, and in part because of these differing motivations for coalition participation, coalition work can be particularly difficult to evaluate in terms of its impact beyond the coalition itself. This research examines motivation for participation, communication, and dissemination of coalition-derived ideas beyond the coalition in an effort to derive a set of best practices for achieving successful coalition outcomes. These questions arise from my own experience as a staff member with two coalitions (an asthma coalition in New York City and [Bridges to Health]), as well as from a large amount of existing coalition research. The theory behind the research comes from Jurgen Habermas' work on Communicative Action, which starts with the premise that effective social change takes place only when all stakeholders in a given situation become involved in achieving the solution.

What I'll essentially be looking for in coalition meetings and asking questions about in interviews is evidence of willingness to share ideas. In all coalitions, some individuals share more than others. Little research has been done to ascertain features of coalitions and of coalition members that encourage (or discourage) this open exchange of ideas. The coalition you lead is one in a group of five coalitions that have been selected to participate in this research. This analysis of multiple coalitions at one time is unique in coalition research, and should provide the ability to compare and contrast coalition activities and attributes of coalition members that affect idea sharing. The results of this study will be shared with you so that, should you choose, you can continue positive coalition practices and minimize any practices the research discovers to be a hindrance to open sharing of ideas. Since the research will include confidential feedback from members of your coalition, the data should be especially useful in making sure that coalition members get the most out of their contributions of time and energy. The research will also uncover instances of the coalition's impact beyond itself (e.g. coalition-derived ideas being shared by coalition members with coworkers, friends, etc., and taking root in expanding networks of individuals), which may be of use in future evaluations of the coalition.

The research protocol calls for me to visit 2-3 meetings of the full coalition, where I'll take detailed notes about meeting occurrences, particularly as they relate to idea sharing and participation. If travel schedules permit or the direction of the research indicates, I may seek to attend one or more subcommittee meetings, as well. Should you ever need assistance in recalling conversations that took place in a meeting I've attended, I would be happy to look back over my notes to assist you and the coalition. From the notes I take at the first meeting I attend, I'll be creating a list of individuals who I think might be good respondents for the interview phase of the research. (Importantly, my notes include no names. To protect confidentiality, I use alpha-numeric codes to indicate which individuals contribute which ideas, creating a separate key to match names to codes. This key is kept separately from the notes, and will be destroyed once interview respondents have been chosen.) Once I have my list of would-be interview respondents, I will give you a call to seek your opinions and advice regarding persons to interview for the good of the research.

Once interview respondents are selected, I will contact each person (6-10 total), explain the research to them, and, with their consent, set up a time for an interview at a location of their choosing at a date near the next coalition meeting date. The interview is designed to last 45-60 minutes, and will require signed informed consent. I would also be interviewing you as the coalition leader, and may ask for a second, less formal, interview to clear up any questions that may arise in data analysis. All interviews will be tape recorded and transcribed (with names removed) prior to data analysis.

I anticipate that my work with the five coalitions will continue, at most, for eight months. I do not plan to attend each of your coalition meetings for the next eight months, as meetings of the five study coalitions will at times overlap, and will sometimes conflict with my professorial duties at George Mason University in Virginia (which is in no way associated with this research).

Should you have additional questions about this research, do not hesitate to contact me. The best ways to reach me are by email (chadmorris1@aol.com) and by cellular phone ([123-456-7890]). I will be in touch in the coming weeks to inquire about attending scheduled coalition meetings. Thanks so much for your consideration of this research, and for your efforts to make your community a better, healthier place through coalition leadership.

Regards,

Chad Morris, M.A.
PhD Candidate,
Department of Anthropology
University of Kentucky

Appendix B: Codes Used in Fieldnote Analysis

Free Nodes

Set – Discussion of meeting location, setting, physical structure of the meeting room

Lead – Descriptions of how the meeting is led, comments pertaining to the leader's management of the meeting

Idea – Examples of idea-sharing (communicative action) before, during, or after meetings

Attend – Descriptions of number and/or affiliation of meeting attendees

Goal – Discussions of coalition goals, conversations related to goal formation

Tree Nodes

Tree nodes were used to identify discussion of specific programs/interventions being discussed by each coalition, whether said programs had occurred in the past or were in the planning stages. To maintain confidentiality, I am not publishing specific codes names nor descriptors in this document.

Action for Youth – Four program nodes

Bridges to Health – Three program nodes

Community Health Partners – One program node

Delivering Active Lives – Four program nodes

Energizing Fitness – Two program nodes

Appendix C: Informed Consent Document

Consent to Participate in a Research Study

Assessing Factors Influencing Representation and Dissemination in Community-Based Public Health Coalitions: An Exploration of Social Change

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study about public health coalitions. You are being invited to take part in this research study because you are a member of one of the five study coalitions. If you volunteer to take part in this study, you will be one of about 50 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Chad Morris, a doctoral candidate at the University of Kentucky. He is being advised by John vanWilligen, PhD in the Department of Anthropology at the University.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to discover better ways to promote sharing ideas and including community voices in public health coalitions.

By doing this study, we hope to learn how to make coalitions more effective in meeting the needs of coalition members and the communities in which they live.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research interview will be conducted at a site of your choosing accessible to the researcher. The site should be private so that you are free to express your opinions without fear of others overhearing. This interview should last approximately 45-60 minutes, and will be tape-recorded. It is possible that you may be contacted for one additional interview after this one. Any additional interview would require separate consent.

WHAT WILL YOU BE ASKED TO DO?

This interview asks you to offer opinions, observations, and suggestions about your participation in the study coalition.

You have been chosen to participate in this interview because you were selected by the researcher or coalition leader as someone who has important knowledge about participation in coalitions and the sharing of coalition ideas.

ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?

If you are under 18 years of age, you may not participate in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

You will not get any personal benefit from taking part in this study.

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST YOU TO PARTICIPATE?

There are no costs associated with taking part in the study.

WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

We will keep private all research records that identify you to the extent allowed by law. However, there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a

court. Also, we may be required to show information which identifies you to people who need to be sure we have done the research correctly; these would be people from such organizations as the University of Kentucky.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from the information you give, and these two things will be stored in different places under lock and key.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, if they find that your being in the study is more risk than benefit to you. If you wish to stop this interview at any time, simply indicate this to the researcher.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Chad Morris at (240)271-4471. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.

WHAT ELSE DO YOU NEED TO KNOW?

The University of South Florida Prevention Research Center is providing data transcription support for this study.

You will be told if any new information is learned which may affect your condition or influence your willingness to continue taking part in this study.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of [authorized] person obtaining informed consent

Date

Appendix D: Interview Schedule

Let's start here: If you were going to describe the coalition to someone, what would you tell them?

- What is the purpose of the coalition?
- What has the coalition achieved so far?
- (If coalition leader: When did the coalition start? Could you give me a rough timeline of coalition events to this point?)

Say I'd never been to a coalition meeting, and I wanted to know what happens there. What would you tell me?

- Setting
- How many people?
- Who, if anyone, facilitates it?
 - How does that work?
- What will take place in the average meeting (e.g. presentations, small groups, snack, exercise, networking, announcements...)

I want to go back now to when you first found out about the coalition.

- How did you find out about the coalition?
 - How long ago was this?
- What made you decide to participate?
 - When you contribute to coalition meetings, who do you see yourself as representing? (Just yourself, or a business/agency/etc. – it can be more than one of these at the same time!)
 - When you started with the coalition, what did you personally expect to get out of it? Your agency? The broader community?

You told me that you first found out about the coalition about _____ ago. How long have you been a member of the coalition?

- For you, what does being a coalition member involve?
 - Attending meetings? How often?
 - Email?
 - Telephone conversations?
 - Other activities?

I'm going to ask you to brag about yourself now... Thinking back over your entire time as a coalition member, what do you see as your biggest contributions to the coalition?

- Can you share with me an instance when one of your ideas was used by the coalition?
 - Set the scene for me... Was this in a meeting, small group, phone, email?
 - Where did the idea go from there – what happened next?
 - What was happening in the coalition that made you want to share this idea?

Would you say that it's easier, or more difficult, to share ideas in this coalition than in other meetings you've been involved in?

- What makes it easier/more difficult?
 - Probe for:
 - Setting (e.g. meeting location and specifics)
 - Meeting management
 - Participants (conflicting or overbearing personalities?)
- Have you ever thought that there are areas you'd have liked to contribute more to? What kept you from doing so?
- Has there ever been a time when you thought your ideas weren't included? What could be done to improve this?

Have you ever used coalition ideas outside of the coalition? (That, is, have you ever shared something you learned or heard at a coalition meeting with coworkers, family members, or other folks?)

- Could you give me an example or two?
 - What happened as a result of sharing these ideas?

I'd like you to think now about the coalition as a whole. As you look at the members of the coalition, which groups seem to you to be best represented? (probe any comments about over-representation)

- Can you think of other groups who aren't currently involved in the coalition that perhaps should be?
- What do you think might be keeping these groups from being involved?
- What do you think about your own group's representation?

I want to ask you now about the use of marketing in the coalition. How would you explain the marketing principle, as it's used in the coalition, to someone who'd never been exposed to it? (Describe for me the process)

- Could you give me an example of how you've seen marketing ideas used in the coalition?
- In your opinion, how, if at all, has the use of marketing helped the coalition achieve its' goals? (probe for specific benefits)
- Has it hampered the coalition at all? (probe for specific costs/barriers)
- Are there parts of the process that have seemed nonessential to you?
- How has the amount of time it has taken to use marketing to plan interventions compared to other planning strategies you've seen used?
- Have you used marketing principles outside of the coalition, such as at work or at home? (probe for examples)

Let's wrap up with some of your opinions about the coalition. What are coalition programs or ideas that you're most excited about?

- How involved have you been in working with these programs as opposed to others?
 - Probe for:
 - Use of marketing
 - program history

- development
- respondent's role

Generally speaking, what do you think the coalition is doing well?

- If you could change something about the coalition, what would it be?
 - Probe for multiple responses
- If you were in charge of the coalition, would you try to speed up -or slow down- the process?
- What challenges/sacrifices do you face in order to attend coalition meetings?
 - What could be done to make it easier for you to attend?
- As you look into the future of the coalition, what do you expect?
 - How long do you believe the coalition will continue?
 - What would need to continue or develop in order for you to continue being a coalition member?

Demographics

- age by decade
- gender
- involvement in other coalitions
 - same topic?
 - Duration of involvement?
- involvement in marketing training
- (already have representation and tenure on coalition from above)

Appendix E: Codes Used in Interview Analysis

Free Nodes (R = respondent)

Purpose – R's definition of the coalition's purpose

Ach – R's summary of the coalition's achievements

Hx – discussion of coalition history, including timeline

Lead – any comments on coalition leadership

Lead-L – any comments on coalition leadership made by a coalition leader

Mtg-S – any comments on the setting of coalition meetings (includes location, physical description of space)

Mtg -A – comments about meeting attendance (typically numerical descriptions)

Mtg -E – overview of events that occur in each coalition meeting

Recruit-R – how R was introduced to the coalition

Recruit-I – ideas for recruitment, comments about recruitment of individuals other than R

Rep – who R sees self as representing at coalition meetings

Goals-P – what R expects to gain personally from attending coalition meetings

Goals-A – what R expects R's business/agency will gain from R's attendance at coalition meetings

Goals -C – what R expects R's community will gain from R's attendance at coalition meetings

Tenure – how long R has been a member of the coalition

Work – description of the workload R performs as a coalition member

Work-L – description of the workload R performs as a coalition member – specific to coalition leaders

R Idea – evidence of occasions when the coalition used an idea proposed by R

R Idea -I – what happened to prompt R to share the idea explained in R Idea

Other C – any discussion of other coalitions and duration of service

Share In + -- any discussion of elements of coalition meetings that make it easier for people to share ideas in coalition meetings

Share In - -- any discussion of elements of coalition meetings that make it difficult for people to share ideas in coalition meetings

Cont/Inc – responses to question about any feelings of exclusion or desire to contribute more

Share Out-W – examples of coalition-derived ideas R has shared with coworkers

Share Out -F – examples of coalition-derived ideas R has shared with family

Share Out -O – examples of coalition-derived ideas R has shared with individuals other than coworkers or family

Part + – agencies/businesses/stakeholders R sees as best represented at coalition meetings

Part - – agencies/businesses/stakeholders R sees as missing from coalition meetings

Part - -R – Why R believes stakeholders mentioned in Part - are missing (Recruit-I for ideas)

Part-O – thoughts on sufficiency of own agency's representation

Mktg – how, if at all, R believes the coalition is using marketing

Mktg-def – R's definition of marketing

Mktg-CBPM – all reference to Community-based Prevention Marketing

Excite – coalition ideas/programs R is excited about, and R's involvement in these initiatives

Coal + - what R believes the coalition is doing well overall

Coal - - what R would change about the coalition if possible

Speed – R's comments about the pace of coalition action

Sac – what R has sacrificed to attend coalition meetings

Sac-I – ideas for making coalition meetings easier to attend

Future-T – R's thoughts on the coalition's potential longevity

Future-Part – what is required for R to remain a coalition member

Age – R's age

Gender – R's gender

Train – any discussion of marketing training R has received

Net – any discussion of networking as a coalition outcome

Pol – any discussion of politics/agendas in the coalition

\$ - any discussion of grants for agencies of coalition funding

Loc – any comments about where meetings should be held

Tree Nodes

Tree nodes were used to identify comments about specific programs/interventions conducted by the coalition, whether these programs were being planned or had already occurred. To maintain confidentiality, I am not publishing specific codes names nor descriptors in this document.

Action for Youth – Seven program nodes

Bridges to Health – Four program nodes

Community Health Partners – One program node

Delivering Active Lives – Four program nodes

Energizing Fitness – Two program nodes

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Professional Publications

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